DOCUMENT RESUME

ED 206 882		CE 030 003

AUTHOR	Klein, Myra; Sobkowski, Shawn
TITLE	Final Report of the Vocational Rehabilitation Project (SREG 116), November 1980-June 1981. Part I.
INSTITUTION	Rutgers Medical School, Piscataway, N.J. Community Mental Health Center.
SPONS AGENCY	New Jersey State Dept. of Education, Trenton. Div. of Vocational Education.
PUB DATE	Jun 81
NOTE	177p.; Some pages will not reproduce well due to blurred print. Appendix B may be marginally legible. For a related document see CE 030 004.
EDRS PRICE	MF01/PC08 Plus Postage.
DESCRIPTORS	Attitude Measures; Career Development; Demography; *Employment Level; Followup Studies; Individual Characteristics; Longitudinal Studies; Mental Disorders; *Schizophrenia; Self Concept; Self Esteem; Social Adjustment; *Test Reliability; *Test Validity; *Vocational Rehabilitation
IDENTIFIERS	Bellaks Ego Functioning Scale; Katz Social Adjustment Scale; Modified Rosenberg Self Esteem Scale; *Vocational Assessment; Vocational Assessment Project; *Vocational Rehabilitation Project; Work Related Activities Scale

ABSTRACT

A study examined the reliability and predictive validity of a number of measures designed for the vocational assessment of schizophrenic persons. Also examined in the longitudinal study were the relationships of these measures to each other and to employment status. Eighty-nine of the subjects who had participated in an earlier vocational assessment project and who had attended rehabilitation programs at the Community Mental Health Center of Rutgers Medical School were contacted for a one-year followup study. This longitudinal assessment included the compilation of biographical data (sex, age, education, religion, employment status, and race); a complete employment history; and administration of several instruments (the Modified Rosenberg Self-Esteem Scale, the SCL-90, the Work Related Activities Scale, the Katz Social Adjustment Scale, and Bellak's Ego Functioning Scale). Based on the results of various regression techniques, all of the measures (with the exception of the SCL-90) were found to be valid and reliable. In addition, self-esteem was found to be an important variable in the rehabilitation process. The findings of the project suggest several ways that the vocational assessment process and rehabilitation programs could be improved. (The second part of this report is available separately through ERIC--see note.) (MN)

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ED206882

FINAL REPORT
OF THE
VOCATIONAL REHABILITATION PROJECT (SREG 116)

1980 - 1981

NEW JERSEY DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL EDUCATION AND CAREER PLANNING

PART I

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CE 030 003

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Project Duration	November, 1980
	Beginning Date
	June 30, 1981
	Ending Date

The Contractors undertaking this project were encouraged to express fully their judgments in professional and technical matters. Points of view or opinions do not, therefore, necessarily represent official funding agency positions or policies.

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IDENTIFICATION NO.________________________ AMOUNT FUNDED_______________

FUNDED UNDER SECTION_________OF P. L. 94-482

PROJECT TITLE: THE VOCATIONAL REHABILITATION AND EDUCATION OF THE CHRONICALLY MENTALLY ILL

LEGAL NAME OF APPLICANT DISTRICT, INSTITUTION OR AGENCY: COMMUNITY MENTAL HEALTH CENTER OF RUTGERS MEDICAL SCHOOL

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ABSTRACT

DESCRIPTION OF PROJECT
PART I

(Use this sheet and no more than one other to type in single-spaced form a statement of project objectives, procedures that were followed, state and local priorities emphasized and the expected contribution of the project to vocational education.)

In a review of vocational theory and research, several variables were identified as important in the career development of schizophrenic clients. These variables were operationalized and tested for their construct validity during the Vocational Assessment Project (SREG 808). The purpose of the current longitudinal research was to examine the reliability and predictive validity of these measures, and to determine their relationships to each other and employment status.

Eighty-nine of the original subjects who participated in the Vocational Assessment Project and attended rehabilitation programs at the CMHC of RMS were contacted for a one-year follow-up study. Fifteen clients were lost to contact and this represents an 83% response rate (almost 90% of these clients were diagnosed as schizophrenic). This longitudinal assessment study included: the Modified Rosenberg Self-Esteem Scale, the SCL-90, the Katz Social Adjustment Scale, Bellak's Ego Functioning Scale, and a complete employment history.

Based on the results of various regression techniques, the findings of this study can be summarized as follows: (1) The Modified Rosenberg Self-Esteem Scale was found to be a valid and reliable measure of self-esteem for a severely psychiatrically disabled population. (2) Self-esteem was found to be an important variable in the rehabilitation process, correlating significantly with symptom level, general level of functioning and level of ego functioning. (3) The Work Related Activities

Scale was a valid and reliable measure of client motivation which can be used to predict vocational rehabilitation outcome and work readiness. (4) Vocational rehabilitation outcome was also predicted by the Katz Social Adjustment Scale and this instrument was found to be a reliable and valid assessment of the general level of functioning of schizophrenic clients. (5) On the whole, the SCL-90 did not predict rehabilitation outcome. (6) Preliminary results suggested that the ARISE and Autonomous Functioning Scales of Bellak's Ego Functioning Scale may be valid predictors of rehabilitation outcome. If farther study confirms these findings, perhaps the Ego Functioning Scale could be used to identify specific ego deficits and select functional work environments for schizophrenic clients. (7) Several of Bellak's Ego Functioning Scales were found to be related to the career maturity of schizophrenic clients. Although career maturity was not related to employment status, it was related to other quality of life issues, such as general level of functioning. Therefore, these scales may be important in the general rehabilitation process, especially in relation to improving functioning in other life roles.

The findings of the Vocational Rehabilitation Project are helpful in understanding the vocational development of schizophrenic persons and suggest several ways that the vocational assessment process and rehabilitation programs could be improved.

ACKNOWLEDGEMENTS

This research was made possible through a grant from the New Jersey State Department of Education, Division of Vocational Education and Career Planning. Joseph Kelly, Henry Tornell and Dean Garwood have been extremely helpful and supportive in their supervision of this project.

The cooperation and support of the administration and staff of the Community Mental Health Center of Rutgers Medical School has been invaluable. We are especially grateful to Gary Lamson and the Continuing Care Staff of the Club.

We also wish to thank the many clients who volunteered their time and effort. Without their help, this study would not have been possible.

The Modified Rosenberg Self-Esteem Scale was developed in collaboration with the vocational research seminar class of Rutgers Graduate School of Education. We wish to thank William Bingham and all the graduate students who were involved in the development of this instrument.

Our thanks to Jack Dickerson, Vicki Larsen and Ruth Peterson for their assistance with this research. And to Roberta Waller—an especially warm thanks—your support and dedication have helped to make this project a success.

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A. INTRODUCTION

An epidemiology study conducted by the National Health Education Committee in 1971 reported that 20,000,000 people in the United States suffer from disabling mental and emotional disorders. The incidence of psychiatric disabilities ranked second to cardiovascular disorders as the disabling condition affecting most people in this country. More of this number are living in the community as a result of the recent trend toward deinstitutionalization. The chronically mentally ill have left hospitals and are struggling with the transition to independent community life. Since the mentally disabled are the second largest disability group and many have recently been deinstitutionalized, the need for effective outpatient rehabilitation services is evident.

The Rehabilitation Act of 1973 lists as its first purpose the development of plans for providing vocational rehabilitation services to disabled persons so that they may "prepare for and engage in gainful employment." Despite the vocational rehabilitation efforts of the past twenty years, reports in the literature have shown that half to two-thirds of discharged chronic mental patients remain unemployed (Evje, 1972). In the mid 1960's one of the most comprehensive studies of the vocational rehabilitation of the mentally ill patient was done by the research unit of the Veterans Administration. They questioned 3,609 schizophrenic patients under sixty years of age who had been released from hospitals six months earlier. Two-thirds reported themselves as working one month or less, and only 14 percent reported themselves as working five months or more. (VA, 1965) These findings seem to indicate that either serious efforts to vocationally rehabilitate schizophrenic patients were not being made, or that they were not very successful. Griffiths (1974) investigated the effects of rehabilitation by randomly assigning 56 schizophrenic subjects to experimental and control groups. After 15 months, assessments revealed no significant differences between those who had participated in the vocational rehabilitation program and those who had not. The overall conclusion was that rehabilitation had no detectable effect.

The results of this extensive Veterans Administration study (1965) and Griffiths' (1974) experimental investigation, typify the failure to vocationally educate and rehabilitate schizophrenic persons which is reported in much of the current research (Berkowitz, et al., 1976). While it is clear that vocational education/rehabilitation programs have a great deal of difficulty achieving their objectives, the reasons for this lack of success are unclear. Perhaps schizophrenic persons are poor risks for vocational education/rehabilitation, or perhaps present programs are not effectively meeting their needs. The former position is untenable, since it implies a fatalistic stance that inhibits further research. Past failures to vocationally educate and rehabilitate schizophrenic persons underscore the need to develop new programs and test new approaches to this difficult problem.

Vocational education/rehabilitation programs have two main components. An assessment phase determines what interventions are appropriate in the education phase. Efforts to improve education/rehabilitation outcome have traditionally focused on changing aspects of education. Since assessment determines education, it is necessary to question the adequacy of vocational assessment before attempting to develop an educational plan. Developing adequate vocational assessment techniques is basic to both program development and evaluation. Valid and reliable vocational instrumentation is essential in order to understand the education/rehabilitation process, and the individual vocational development of schizophrenic persons. This critical focus on a comprehensive assessment phase is lacking in previous vocational education/rehabilitation research.

Sankovsky (1970) defined vocational assessment as a five part process: (1) establishing criteria and vocational goals; (2) collecting information regarding vocational potential; (3) analyzing information regarding vocational potential; (4) decision-making on potential vocational goals and predicting outcome; (5) determining the effectiveness of the evaluation process by feedback obtained through follow-up. While this definition of vocational assessment seems appropriate for normal and schizophrenic subjects, there is little evidence that vocational testing can be used in the same ways for both groups.

In formulating a vocational assessment strategy to be used with schizophrenic patients, there are three aspects of the problem to consider and their respective criteria for adequacy. (1) Are the variables being measured related to vocational development and success? The vocational theory developed by Super (1957, 1963, 1970) has been used to identify these variables and provide a dynamic framework to explore relationships among variables, and their subsequent role in vocational education. (2) What are the best measures of the variables which have been identified as theoretically important? This is basically a psychometric question which has been explored in previous validity and reliability studies using normal populations. (3) Do the vocational instruments which have been found to be reliable and valid for normal populations, yield reliable and valid results for a schizophrenic population? This question has been addressed by the Vocational Assessment Project (SREG-808) in several ways. First, vocational assessment programs which are presently employed with schizophrenic persons have been evaluated using data available from vocational records. Second, vocational instruments which have been found to be reliable, valid and relevant (based on vocational theory) in normal populations, have been empirically tested to determine if they are reliable, valid and relevant for a schizophrenic population. Third, previous research and pilot project experience have suggested modifications in test administration, content and interpretation which should enhance test validity and reliability with schizophrenic persons.

The main goal of the longitudinal vocational assessment study is to determine which instruments and variables are significant in the education/rehabilitation process and are related to rehabilitation outcome. An attempt was made to determine the predictive value of several instruments used in the Vocational Assessment Project. Adequate assessment technology contributes to a greater understanding of the vocational development of schizophrenics. This will result in a firmer basis for the development and evaluation of vocational rehabilitation programs for schizophrenic persons.

Vocational Theory

Prior to the late 1950's, vocational psychologists emphasized matching men and women to occupations. The analysis of personal and occupational aptitude and interest profiles became a very important part of a rather static matching process which seemed incompatible with dynamic concepts of personality development.

Super (1951) linked personality development and vocational choice in his theory of vocational development. Super (1963) states, "In expressing a vocational preference, a person puts into occupational terminology his idea of the kind of person he is; that in entering an occupation, he seeks to implement a concept of himself; that in getting established in an occupation he achieves self actualization. The occupation thus makes possible the playing of a role appropriate to the self-concept." (p. 1)

Emperical testing of Super's theory has demonstrated that agreement between the self concept and one's own occupational concept is related to occupational preferences and to both internal and external criteria of success and satisfaction (Super, 1963).

Super's theory contributes to the conceptual framework for the longitudinal vocational assessment study. Self esteem is one of the most powerful variables in vocational development according to Super's formulation. Aptitudes and interests are of secondary importance and are mainly seen as contributing to the concept of self. Motivation and level of functioning have been found to be important variables in prior research concerned with the vocational education/rehabilitation of schizophrenic persons. The following will examine these variables in a systematic attempt to relate vocational theory and prior research to the purposes of this project.

Self Esteem

Super (1963 a,b,c) sees vocational choice as implementation of self-concepts. He identified self-esteem as an important metadimension of self-concept and a primary motivator of vocational behavior. Rosenberg (1965) defined self-esteem as the individual's evaluation of the self with regard to some characteristic. Gergen (1971) states that a person's self-esteem plays a key role in determining his behavior. Korman (1966) found self-esteem to be a moderating variable in the process of vocational choice. He concluded that individuals high in self-esteem are more likely than individuals low in self-esteem to choose occupations congruent or consistent with their self-concepts.

Little is known about how self-esteem affects the vocational choices of schizophrenic persons. Patterson's (1957) finding that the vocational aspirations of the emotionally disturbed tend to be unrealistic could be the result of self-esteem acting as a moderating variable as Korman has suggested. Self-esteem is also an important motivator of vocational behavior and this needs to be explored in relation to the vocational problems of schizophrenic persons. If research can firmly establish the importance of self-esteem in the vocational development of schizophrenic patients, ways can be explored to increase self-esteem through social approval and demonstrated competencies.

Self-esteem has been used by Griffiths (1974), and Watts, et al.(1976) to predict education/rehabilitation outcome. Griffiths found low self-esteem to be one of the predictors invariably associated with unemployment. Watts suggests that self-esteem is a powerful measure of the education/rehabilitation potential of psychiatric patients. This study focused on self-esteem as another measure of the education/rehabilitation potential of schizophrenic persons, using a modified form of the Rosenberg Self-Esteem Scale.

Motivation

In order to take into account the environmental factors which affect motivation, it is useful to redefine motivation in terms of Bandura's (1977) construct of self-efficacy. Both environmental and personal characteristics contribute to a person's perception of self-efficacy. This redefinition is important in conceptualizing the vocational motivation of the disabled. It explains how failure to perform successfully in the past, and/or obtain the desired outcomes, results in lowered expectations of capacity to function in the future. The schizophrenic patient often has a work history of frustration and failure. This can make him reluctant to face the prospects of employment, and he seems to lack the drive to deal with the placement process or other aspects of vocational rehabilitation.

"Professional patienthood" can also result in motivational problems. Often the schizophrenic patient concludes that the rewards of working are not worth the risk of failure. The patient often sees the likelihood of getting and functioning in a rewarding job as remote. It is easier just to be a patient and collect disability benefits. Many schizophrenics are reluctant to take part in the vocational rehabilitation process because they are afraid of losing disability benefits. (Gunn, 1975)

Searls et al. (1970) identified motivation as an important variable in predicting employment failure among psychiatric patients in a rehabilitation program. Searls used four factors to measure motivation: (1) misses appointments for placement or vocational counseling; (2) usually late for placement or vocational counseling; (3) resistance or refusal to accept job referrals; and (4) procrastination on follow-up job leads. Motivation was also found to be significant in differentiating employed and unemployed psychotic patients in a vocational rehabilitation program. (Griffiths, 1974) These studies indicate that a patient's willingness to engage in the vocational education/rehabilitation process (motivation or perceived self-efficacy) is related to education/rehabilitation outcome and should be useful in measuring the education/rehabilitation potential of schizophrenic persons.

The Vocational Assessment Project developed a motivational measure to assess frequency of a client's work related activities during the past six months. The present study utilized this self-report scale in an attempt to determine its value in predicting rehabilitation outcome.

Disability

Eighty-five percent of the subjects in the vocational assessment research had a current diagnosis of schizophrenia. Schizophrenia is a generic term which includes various subtypes with different characteristics. "The essential features of this group of disorders are: disorganization of a previous level of functioning; characteristic symptoms involving multiple psychological processes; the presence of certain psychotic features during the active phase of the illness; the absence of a full affective syndrome concurrent with or developing prior to the active phase of the illness; a tendency towards chronicity; and the disturbance is not explainable by any of the Organic Mental Disorders." (Diagnostic and Statistical Manual of Mental Disorders, Third Edition) According to this definition, a schizophrenic disorder always involves delusions, hallucinations or certain thought disturbances during some phase of the illness.

The longitudinal vocational assessment study has examined different aspects of the schizophrenic process in order to determine how they interfere with vocational assessment and rehabilitation. Modifications in interviewing strategies and test administration were developed in order to minimize the extent to which schizophrenic thought disorders inhibited valid and reliable vocational assessments. This study also attempted to understand the role of psychiatric disabilities in vocational rehabilitation.

Two measures were used to assess psychiatric disability: the SCL-90 and the Katz Social Adjustment Scale. (See Appendix I.) The SCL-90 is a 90-item self-report symptom inventory developed by the Johns Hopkins Clinical Psychometrics Research Unit, and designed to primarily reflect the psychological symptom patterns of psychiatric and medical patients. The Katz Social Adjustment Scale (Katz & Lyerly, 1963) was developed in association with the Hopkins Symptom Check List (HSCL) which was a forerunner of the SCL-90. This instrument was designed to assess those aspects of psychiatric/rehabilitation functioning which did not fall within the traditional notion of psychiatric symptoms. The Katz scale is designed to measure those aspects of activities of daily living which are presumed, by Katz and his associates, to be necessary for functioning in a "normal" adult world. The specific aspects of the Katz scales which have been adopted for this project are the measures of daily living and leisure functioning.

These measures of disability have been used to address the following questions: (1) Are those subjects with lower symptom levels more likely to be working, than those who are more symptomatic? (2) Do certain psychiatric symptoms impair a persons ability to work more than others? (3) Is a person's level of social functioning related to his ability to function at work?

Ego Functions

The Vocational Assessment Project has produced findings which indicate that differences between schizophrenics who are able to work and those who are unable to do so cannot be explained by symptom level. In their work describing ego functions in schizophrenics, Bellak, Hurvich and Gediman (1973) stated that impairment of autonomous functions such as habit patterns, skills, routines, and learning often result in difficulty in work performance -- "Impairment can vary from complete inability to the need for extra effort in an activity that usually does not require it." (p. 241) Ciardiello (1980) suggested that, "the integration of the self and the realities of the work world is a complex task which requires a high level of ego functioning in order to make an appropriate selection of occupational goals. It presents a challenge to the normal ego, and it seems likely that the impaired ego of a schizophrenic person would experience a great deal of difficulty with this vocational task." (p. 13) Thus it appears that impairment of ego functioning is related to work readiness and career choice competencies.

The present study examined the relationship between ability to work and make realistic vocational choices and level of ego functioning. A structured interview developed by Bellak (1973) was used to assess twelve ego functions: reality testing; judgment; sense of reality of the world and of the self; regulation and control of drives, affects and impulses; object relations; thought processes; adaptive regression in the service of the ego; defensive functioning; stimulus barrier; autonomous functioning; synthetic-integrative functioning; and mastery-competence. These ego functioning scales seem to be theoretically related to Crites' concept of career maturity.

Crites (1961) developed a hierarchical model of career maturity based on Super's theory of vocational development. He identified two group factors of vocational choice competencies and vocational choice attitudes that are critical in realistic career decision making. The five attitudinal clusters are: (1) involvement in the career choice process; (2) orientation toward work; (3) independence in decision making; (4) preference for career choice factors and (5) conceptions of the career choice process.

The vocational choice competencies, which represent the more cognitive variables involved in choosing an occupation are: how well the individual can appraise his/her job-related capabilities; how much he/she knows about the world of work; how adept he/she is in matching personal characteristics with occupational requirements; how foresightful he/she is in planning for a career; and how effectively he/she can cope with the problems which arise in the course of career development. These vocational choice attitudes and competencies seem to be influenced by disturbances in ego functioning. Such disturbances as faulty judgment;

impairment of memory, attention and concentration; inability to organize thought and perception; and failure to relate different aspects of experience are likely to hamper realistic career decision making.

The VAP attempted to use the CMI to assess career maturity, but found the CMI to be marginally reliable with a schizophrenic population. The VAP also found that the CMI lacked concurrent validity and was unrelated to employment status. Therefore, the present study was designed to assess the usefulness of Bellak's ego-functioning scales as measures of career maturity and to empirically establish the relationship between ego functioning and employment status.

In his writings, Freud suggested that many aspects of work performance are related to ego functioning. This implies that generally, those who are employed have higher levels of ego functioning than those who are unemployed. Hartmann (1950), noting that ego weakness is characteristic of schizophrenics, emphasized the need to identify which specific ego functions are impaired in any given ego weakness in order to evaluate the interrelationships between ego functions and to understand their relation to the organism as a whole. It follows that ego functions which are intact may be used to improve defective functions. For example, an individual retaining special skills in mechanics may improve his or her interpersonal relations while employed in a rehabilitation setting (Bellak and Black, 1960). Thus, an unimpaired motor function may be utilized to strengthen performance in an area where functioning is maladaptive.

The following is an account of how each dimension of ego functioning may impair either career choice competencies/attitudes and/or work performance.

Reality Testing

This scale assesses an individual's ability to differentiate between inner and outer stimuli. In order to select appropriate occupational goals, a person must be able to mediate between inner demands of the self and outer demands of the environment. Crites (1973) states, "The more vocationally mature person not only has greater knowledge about self and work but relates one to the other. He has thought about how his capabilities relate to the demands and requirements of jobs." (p. 25) Disturbances of reality testing such as those involving delusions, hallucinations, disorientation with regard to time, place or person, etc. have an impact on the vocational choice process and are likely to result in unrealistic career choices.

Inadequate reality testing also directly affects work performance in that individuals suffering from hallucinations and delusions are likely to experience extreme difficulty in concentration and interpersonal relationships, resulting in an inability to behave appropriately in a work environment. Short-term goals, such as staying out of the hospital and attending to activities of daily living, may be more salient for these individuals than improving work performance.

Judgment

Anticipation of consequence and appropriateness of behavior are the central dimensions of judgment. This scale assesses an individual's planning and problem-solving abilities. Awareness of likely consequences of intended behavior is essential to realistic career decision making. Planning was found by Super and Overstreet to be one of the single most important indices of vocational maturity (Crites, 1973). Crites (1973) described effective problem-solving as tending to maximize the positive consequences of a response to a problem and minimize the negative ones.

If anticipation of consequences of behavior is faulty, inappropriate planning and problem-solving are likely to follow. For instance, an individual who is delusional and believes that he or she is a "genius" may register for an advanced course of study requiring special knowledge, with the expectation that he or she will succeed without the appropriate skills. Planning for the future and identifying solutions to problems based on denial and distortions of reality will lead to inappropriate career choices.

Impaired judgement also affects work performance. Errors in appraising job-related capabilities and/or ineptitude in matching personal characteristics with occupational requirements often result in failure to perform adequately in the chosen work environment. The following are examples of common behavioral consequences of faulty judgement which interfere with work performance: inappropriate responses to co-workers (often a result of misjudging other people's intentions and behaviors); inability to estimate use of time and resources in completing a task; and inability to meet deadlines.

Sense of Reality of the World and of the Self

Disturbances in the sense of one's self as it relates to the outside world are assessed by this scale. On the optimally adaptive end this scale refers to one's unique, dynamic wholeness, defined by clearly delimited self boundaries from other people and the general physical and social environment. Disturbances such as altered views of external reality, unstable body image, and difficulty in experiencing one's behavior as belonging to the self lead to the development of unrealistic self-concepts. When identity is so grossly distorted, self-evaluations do not correspond to realistic aspects of the self. Translation of such a self-concept into vocational terms results in an inappropriate occupational choice and impairment in the process of vocational development.

In addition, disturbances in one's sense of reality of the world and of the self have a significant impact on work performance, especially when there is severe loss of boundaries between the self and the outside world. At this extreme, individuals often react by building non-penetrable, exaggerated barriers which inhibit their ability to follow directions, work cooperatively with others, and benefit from feedback from supervisors.

Regulation and Control of Drive, Affect and Impulse

This scale concerns itself with the ego aspects pertaining to adaptation; the way that drive, affect, and impulse are controlled relevant to environmental context. An individual's ability to tolerate anxiety, depression, disappointment, frustration and the postponement of satisfaction is directly related to his or her readiness for work. Minimal frustration-tolerance inhibits one's ability to persevere in completion of work tasks. Lack of control and ineffective delay mechanisms may result in aggression or severe depression, often accompanied by acting out behavior which disrupts work performance. The resultant lack of patience and abrupt mood changes may cause severe difficulties in interpersonal relations.

Object Relations

This scale assesses the quality of an individual's relationships to central and peripheral people. Disturbances in the degree and kind of relatedness to others affect both the career choice process and work performance. Individuals whose significant relationships are characterized by extreme overdependence are likely to have a great deal of difficulty in making independent decisions. Independence in decision making is one of the essential components of the attitudinal aspect of career maturity identified by Crites (1973).

Disturbed interactions in which one perceives and responds to others as extensions of oneself rather than independent beings, interfere with ability to function in a work environment. According to Bellak, Hurvich and Gediman (1973), the following maladaptive behaviors typify such disturbed interactions: attempts to change people and exploit others to meet one's own needs; unreasonable expectations of what others can do; the inability to understand other people's feelings and beliefs from their point of view. It follows that modes of relating to others which are characterized by such ineffectual responses contribute to a repertoire of behaviors which are highly inappropriate in a work environment.

Thought Processes

This scale assesses the degree of adaptiveness in memory, concentration, and attention; ability to conceptualize; and clarity of communication. An inability to organize thought and perception into relevant categories interferes with the process of making a career choice, which requires the ability to evaluate "many complex factors and determine how they relate to a particular occupation." (Ciardiello, 1980) Large gaps in memory; poor concentration and attention; inability to conceptualize and failure to use abstract thinking result in ineffective decision-making and problem-solving strategies. Gross disturbances in thought processes also present obstacles to work readiness. Inability to see relationships between events; difficulty in entertaining more than one possibility; inability to concentrate; large gaps in memory; peculiar ideas; illogical thinking and inadequate communication contribute to the disruption of effective work performance. In addition, an inability to express oneself due to lack of communication skills may severely limit the type of work which an individual can successfully pursue.

ARISE (Adaptive Regression in the Service of the Ego)

This scale assesses an individual's ability to engage in art, humor, play, sexuality, and creativity, in order to promote adaptation. An inability to adaptively channel the outcomes of such activities can result in an intrusion of fantasies which may be quite distressing and disabling. Disruptions in work performance are likely to occur when an individual gets "carried away" by such fantasies.

Problem-solving ability can be affected by the failure to adaptively channel creative ideas from daydreams and fantasies into productive activities. Strategies for problem solving are often characterized by unimaginative approaches, due to an inhibition of new ways of looking at things.

Defensive Functioning

This scale concerns itself with the measures employed by individuals to deal with disturbing elements of mental content, anxiety and intrapsychic conflict. Failure and/or misuse of defenses can lead to severe anxiety, depression and panic, which interfere with adaptive functioning in a work setting. Overwhelming feelings of vulnerability are likely to result in acting out behavior which may affect task performance and ability to work with others, or avoidance behavior characterized by an unwillingness to go to work.

Stimulus Barrier

This scale determines an individual's threshold for or sensitivity to sensory stimulation. Very low thresholds for sensory stimuli lead to hypersensitivity, considerable discomfort and agitation. The ability to readapt following the presence of stress associated with high levels of stimulus input is crucial to effective work performance. High levels of noise, for example, may increase anxiety and interfere with concentration. Ineffective coping mechanisms inhibit adaptive responses to overstimulation. Such maladaptive coping mechanisms as disorganization, withdrawal and focus of attention on the experience of sensory overload present obstacles in many work situations.

Autonomous Functioning

This scale determines the degree of impairment of primary autonomy (attention, concentration, memory, learning, perception, motor function and intention) and secondary autonomy (habit patterns, learned complex skills, work routines, hobbies and interests). Interference with primary and secondary autonomous functioning affects both the career choice process and work performance. Impairment of language,attention, concentration and intentionality hinders effective planning and problem-solving. For instance, an individual whose thought and perception processes are disorganized is likely to experience difficulty in looking ahead and deciding how a particular goal is to be attained. Disturbances in habit patterns, learned skills and work habits result in inadequate performance of routine tasks such as reading, writing and computing. Lack of concentration and/or attention may inhibit the ability to focus on work tasks; therefore, tasks which were previously accomplished automatically may no longer be carried out effectively.

Synthetic/Integrative Functioning

This scale assesses the degree of integration of conflicting attitudes, values, affects, behavior, and self-representations, as well as the degree of active relating together of intrapsychic and behavioral events. Failure to synthesize incongruous aspects of experience, behavior and self-feeling result in an unintegrated self-concept which interferes with one's ability to appraise his/her job related capabilities and to match personal characteristics with occupational requirements. An ability to relate past experience and events to present experience and behavior results in limited problem-solving skills.

Failure to relate different aspects of experience also leads to work behavior which is characterized by disorganization. Performance is inhibited by an inability to meet obligations and deadlines due to inadequate organization. Intolerance of unexpected intrusions into work routines also contributes to the disruption of effective performance.

Mastery-Competence

This scale assesses an individual's actual competence, sense of competence and the degree of discrepancy between the two, in relation to mastery of the environment. Restriction of activities due to poorly mastered skills and fear of rejection or risk-taking is likely to result in passive reacting to the environment rather than active coping. That is, an individual with undeveloped skills may fear failure, and thus approach work with hesitancy. Work readiness is inhibited by such a passive approach to mastery. Work performance suffers when an individual is unable to utilize his or her abilities and capacities to directly influence the environment. A low sense of competence is also likely to result in ineffective work performance regardless of level of actual competence, due to the individual's feelings about what he or she can or cannot do.

Scale of Superego Adaptation

This scale assesses the extent to which self-evaluation and sense of worth are realistically based. The degree to which guilt feelings interfere with adaptive behavior is also assessed by this scale. Extreme self-criticism may lead to inordinate strivings for perfection, regardless of level of ability. Unrealistic standards of achievement often result in maladaptive work behaviors such as preoccupation with details and intolerance of mistakes, both of which are likely to interfere with concentration and task completion. Extreme guilt may lead to a desire to avoid blame and criticism, and which may inhibit receptiveness to critical feedback. It follows that superego maladaptation would result in less than optimal work performance.

Summary

Both Super's vocational theory and prior research suggest that several variables are important in the vocational education/rehabilitation process. Self-esteem, level of functioning and motivation have been operationalized in order to explore their relationship to employment status. The instruments used to measure these variables were the Modified Rosenberg Self-Esteem Scale, Katz Social Adjustment Scale, Bellak's Ego Functioning Scales, Work-Related Activities Scale and the SCL-90. An effort was made to determine the predictive validity of the Katz Social Adjustment Scale, the SCL-90, and the Work-Related Activities Scale. This vocational assessment model has been used and tested with a schizophrenic population. However, further research may show that it is generalizable to other disabled populations as well.

B. PROCEDURES

Objectives

In the review of vocational theory and research, several variables were identified as important in the career development of schizophrenic clients. These variables were operationalized and tested for their construct validity in the Vocational Assessment Project. The purpose of the current longitudinal research is to examine the predictive validity of these measures, and to determine their relationship to employment status. Therefore, the objectives of this study are:

1. To establish the predictive validity of the SCL-90, Katz Social Adjustment Scale and Work Related Activities Scale with schizophrenic clients.

2. To examine the relationship between employment status and the following variables: symptom distress, as measured by the SCL-90, self-esteem, as measured by the Modified Rosenberg Self-Esteem Scale, level of functioning, as measured by the Katz Social Adjustment Scale, and level of ego functioning, as measured by Bellak's Ego Functioning Scale.

The significance of these objectives for vocational education/rehabilitation is as follows:

1. Reliable and valid vocational assessment of schizophrenic persons is necessary to plan vocational education of these persons and is necessary to evaluate vocational education programs for them.

2. Thorough and efficient guidelines mandate educational opportunity for all students in New Jersey. Schizophrenic students have special assessment needs that have not been evaluated relative to career development theory and/or psychometric procedures. This study is an important addition to the Vocational Assessment Project.

3. Findings for this population will probably generalize to other populations who do not respond well to normal assessment techniques (e.g., persons with organic brain syndrome, learning disabilities, and reading problems). Clearly, the generalizability of the findings would have to be tested, but it is expected that the technology to achieve this evaluation will be relatively easy to accomplish once the results of the present study are known.

4. An empirical link will be developed between vocational assessment and rehabilitation. Program development will be based on a valid and reliable vocational assessment and Super's (et al.) theory of vocational development.

Subjects

The original 121 subjects who participated in the RCMHC study of the Vocational Assessment Project consisted of 89 continuing care clients at the CMHC of RMS and 32 schizophrenic patients at Marlboro Psychiatric Hospital. Of these 121 subjects, an attempt was made to contact the 89 clients at the CMHC of RMS for a one year follow-up. No attempt was made to contact the 32 Marlboro clients since their original assessments were partial and tracking these clients was beyond the scope of this project. Seventy-four of these 89 clients were recontacted and agreed to participate in the follow-up study. Fifteen clients were lost to contact or were contacted and refused to be interviewed. This represents an 83% response rate at a one year follow-up.

It was determined by the project director that 85% of the clients in the longitudinal assessment study had a current diagnosis of schizophrenia and most of the remainder had been diagnosed manic-depressive or borderline.

Instrumentation

The longitudinal assessment study included: the Modified Rosenberg Self-Esteem Scale, the SCL-90, the Katz Social Adjustment Scale, Bellak's Ego Functioning Scale, and a complete employment history.

Modified Rosenberg Self-Esteem Scale

The original Rosenberg Self-Esteem Scale, which proved to be unreliable with a psychiatrically disabled sample in the Vocational Assessment Project, was modified in a second attempt to establish a reliable self-esteem measure for this population. (See Appendix A.) The Modified Rosenberg Self-Esteem Scale is a Likert Scale composed of 16 items used to measure global self-esteem. Six newly-constructed items were added to the original ten items in an effort to discriminate various levels of low self-esteem and counteract a floor effect. For each item, subjects were asked to indicate which response best describes them. For example:

1. I feel that I am a person of worth, at least on an equal plane with others.

    1. strongly agree 2. agree 3. disagree 4. strongly disagree

Scores range from 0 (low self-esteem) to 16 (high self-esteem). One point was given for each response which indicated high self-esteem.

The SCL-90

The SCL-90 is a 90-item self-report symptom inventory developed by the Johns Hopkins Clinical Psychometrics Research Unit, and designed to primarily reflect the psychological symptom patterns of psychiatric and medical patients. (See Appendix A.) Each of the 90 problems (complaints are rated on a 5-point scale of distress (0-4), ranging from "not at all" to "extremely". Subjects are instructed to select the numbered descriptor that best describes the amount of discomfort that problem has caused him/her during the past week including today. For example:

HOW MUCH WERE YOU DISTRESSED BY:

Nervousness or shaking inside . . . _____

Descriptors

0 Not at all
1 A little bit
2 Moderately
3 Quite a bit
4 Extremely

The SCL-90 is scored and interpreted in terms of 9 primary symptom dimensions and 3 global indices of distress. These are labeled:

I. SOMATIZATION
II. OBSESSIVE-COMPULSIVE
III. INTERPERSONAL SENSITIVITY
IV. DEPRESSION
V. ANXIETY
VI. HOSTILITY
VII. PHOBIC ANXIETY
VIII. PARANOID IDEATION
IX. PSYCHOTICISM

GLOBAL SEVERITY INDEX (GSI)
POSITIVE SYMPTOM DISTRESS INDEX (PSDI)
POSITIVE SYMPTOM TOTAL (PST)

Each of the 9 primary symptom dimensions is calculated by averaging the distress scores from each item comprising that dimension. Scores for each dimension range from a low of 0 (no reported symptom distress) to a high of 4 (extremely high level of symptom distress). The Global Severity Index (GSI) is obtained by taking a grand total of the summed distress scores for the 9 dimensions and dividing this score by 90 (items). The Positive Symptom Total (PST) is the total number of positive symptom responses made by the subject (i.e., non-zero responses). Scores range from a low of 0 (no reported symptoms) to 90 (positive response reported for every symptom). The Positive Symptom Distress Index (PSDI) is calculated by dividing the grand total of the summed distress scores for the 9 dimensions by the PST. Scores range from a low of 0 to a high of 4. (See Appendix A.)

The Katz Social Adjustment Scale

The Katz Social Adjustment Scale (Katz and Lyerly, 1963) was developed in association with the Hopkins Symptom Check List (HSCL) which was a forerunner of the SCL-90. This instrument was designed to assess those aspects of psychiatric/rehabilitation functioning which did not fall within the traditional notion of psychiatric symptoms. The Katz scale is designed to measure those aspects of activities of daily living which are presumed, by Katz and his associates, to be necessary for functioning in a "normal" adult world. The specific aspects of the Katz scales which have been adopted for this project are the measures of daily living (Activities of Daily Living scale) and leisure functioning (Leisure Time Activities scale).

The Activities of Daily Living scale (ADL) is composed of 16 everyday activities and hobbies. (See Appendix A.) Subjects are asked to rate each of these items according to frequency of practice, as in the following example:

Activity	1	2	3	0
	am not doing	am doing some	am doing regularly	does not apply
Help with household chores	___	___	___	___

Scores range from 0 (total non-participation in everyday activities) to 48 (regular participation in each of the 16 activities). Scoring involves multiplying the total number of responses in each response column by the number representing each response; column totals and then added for a grand total for the ADL scale.

The Leisure Time Activities scale (LTA) is composed of 22 items. (See Appendix A.) Subjects are instructed to indicate the frequency of engagement in each activity according to the following rating scale:

Activity	1	2	3	0	
	Practically never	Sometimes	Frequently	Does not apply	Would like to do more of this
Work in garden or yard	___	___	___	___	___

Scores range from 0 (total non-participation in leisure time activities) to 66 (frequent participation in each of the 22 activities). The score for the LTA scale is computed by multiplying the total number of responses in each response column by the number representing that response; column totals are then added for a grand total for the LTA scale. The last column (would like to do more of this) was not scored.

Bellak's Ego Functioning Scale

Bellak's Ego Functioning Scale is a structured interview developed by Bellak (1973) for the clinical assessment of ego functions. (See Appendix B.) The interview consists of twelve sets of specific questions which assess level of functioning along the following dimensions: reality testing; judgment; sense of reality of the world and of the self; regulation and control of drives, affects, and impulses; object relations; thought processes; adaptive regression in the service of the ego; defensive functioning; stimulus barrier; autonomous functioning; synthetic-integrative functioning; and mastery-competence.

Bellak's Ego Functioning Scale was tape recorded for scoring purposes. Each of the 12 ego function scales was given four global ratings on a 13-point scale (1 through 7 with "half" points). The global ratings include: the current status of the function being rated; the characteristic level of adaptation-maladaptation; the highest possible level of functioning; and the lowest possible level of functioning. The global ratings were influenced by the separate ratings of each component factor for each ego function. The average length of time for scoring was estimated to be five to six hours per subject. (See Appendix B for Scoring Guide.)

Employment History

An employment history form was developed for the purpose of this study, to obtain a complete record of each subject's life-long work history. (See Appendix C.) The subject was asked to record the dates worked, type of work, length of time worked, and whether the job was full- or part-time, for every job he/she has worked. In addition, subjects were asked to complete a monthly work history over the past six months. (See Appendix C.)

Method

Of the 74 contacted clients, 30 were selected to complete full assessments including Bellak's Ego Functioning Scale, the SCL-90, the Katz Social Adjustment Scale, and an employment history. The remaining 44 clients completed partial assessments which included various combinations of the above mentioned instruments, with the exception of Bellak's Ego Functioning Scale, which was administered only to those 30 who completed full assessments. These 30 clients were chosen because they had completed full assessments in the original Vocational Assessment Project. The average length of a single full interview was estimated to be two to four hours over several days.

Analysis

In an effort to determine the reliability and validity of various instruments used in the vocational rehabilitation of chronically mentally ill clients and their importance in the rehabilitation process, the following analyses were completed.

1. Reliability. Kuder-Richardson Formula 20 (coefficient alpha) was computed to estimate the reliability of the Modified Rosenberg Self-Esteem Scale.

2. Predictive Validity. To determine the predictive validity of the Katz Social Adjustment Scale, the SCL-90, and the Work Related Activities Scale, regression techniques were utilized to correlate scores on these instruments with the number of weeks worked in the six months after the first assessments (Vocational Assessment Project).

3. Construct Validity. Regression techniques were used to correlate scores on the ego function scales with current employment status.

4. Variables Important in the Rehabilitation Process. Regression techniques were used to examine the interrelationships among those variables important in the rehabilitation process (i.e., level of functioning, as measured by the Katz Social Adjustment Scale; symptom distress, as measured by the SCL-90; motivation, as measured by the Work-Related Activities Scale; level of ego functioning, as measured by Bellak's Ego Functioning Scale; and self-esteem, as measured by the Modified Rosenberg Self-Esteem Scale) and vocational rehabilitation outcome (as measured by the number of weeks employed in the six months after the first assessments).

C. RESULTS

Biographical Data

1. The frequency distributions for selected demographic and biographical variables are found in Table 1. Fifty percent of the sample was male and 50% was female. The mean age was 32.2 years. The mean educational level was 12.1 years. Forty-one percent were Catholic, 41% were Protestant, 15% were Jewish, and 3% were Atheists. Forty-three percent of the subjects in the interview study were employed. Eighty-six percent were white and 14% were black.

2. Table 2 gives the frequency distribution of diagnostic categories. These were determined by an experienced clinician who reviewed client records, and in some cases, consulted the attending psychiatrist. Eighty-five percent of the interviewed subjects were diagnosed as schizophrenic. The largest subtypes were chronic undifferentiated (41.7%) and paranoid (30.6%).

3. Tables 3, 4 and 5 provide frequency distributions of occupational categories which include the total employment history of each subject. Table 3 indicates that 34.6% of regular work (excluding Transitional Employment) was in service occupations, 24.9% was in office occupations, and 18.7% was in industrial occupations. 50.9% of the Transitional Employment placements (TEP) reported in Table 4 were in service occupations, and 33.3% were in office occupations. Table 5, which combines regular work and Transitional Employment placements, indicates that 28.9% were service occupations, 20.8% were office occupations, and 15.6% were industrial occupations. Of total jobs worked, 57.4% were full-time and 42.6% were part-time (See Table 6). Table 7 reports percentages of total jobs worked for specified lengths of time. 83.1% of total jobs worked were held for one year or less; 69% were held for 6 months or less; 53.1% were held for 3 months or less; and 23.4% were held for 1 month or less.Percentages of length of time worked in various occupational categories, both full-time and part-time, are listed in Tables 8 and 9, respectively.

Modified Rosenberg Self-Esteem Scale

The Modified Rosenberg Self-Esteem Scale was administered to 58 subjects in the interview study and the following were the findings:

1. Table 10 reports the mean and standard deviation for the Modified Rosenberg.

2. The Kuder Richardson reliability coefficient for the Modified Rosenberg Self-Esteem Scale was .359. This indicates that this measure of self-esteem is unreliable when used to assess a psychiatrically disabled sample. Table 11 also reports alphas for each item deleted.

Table 1. Frequency Distributions for Selected Demographic and Biographical Variables in the Interview Sample (N = 74)

VARIABLE		RELATIVE FREQUENCY PERCENT	MEAN	STANDARD DEVIATION
Sex:	male	50%		
	female	50%		
Age:	18-25 years	30%	32.22	10.26
	26-35 years	42%		
	36-45 years	16%		
	46-59 years	12%		
Education:				
	less than 12 years	32%	12.08	2.24
	high school graduate	39%		
	some college	4%		
	completed 2 yrs. of college	12%		
	completed 3 yrs. of college	3%		
	completed 4 yrs. of college	8%		
	more than 4 yrs. of college	1%		
Religion:				
	Catholic	41%		
	Protestant	41%		
	Jewish	15%		
	Atheist	3%		
Employment Status:				
	employed	43%		
	unemployed	57%		
Race:				
	white	86%		
	black	14%		

Table 2. Frequency Distribution for Diagnostic Categories in Interview Sample (N = 74)

DIAGNOSIS	RELATIVE FREQUENCY
Chronic Undifferentiated Schizophrenia	41.7%
Paranoid Schizophrenia	30.6%
Borderline	9.8%
Schizo-affective	4.2%
Manic-Depressive (manic type)	2.8%
Manic-Depressive (depressed type)	2.8%
Unspecified	2.8%
Simple	1.4%
Acute Schizophrenic Episode	1.4%
Residual	1.4%
Childhood Schizophrenia	1.4%
Schizophrenia in Remission	1.4%
Organic Brain Syndrome	1.4%

Table 3. Frequency Distribution of Lifetime Employment (N = 74)

WORK TYPE	RELATIVE FREQUENCY
Service Occupations	34.6%
Office Occupations	24.9%
Industrial Production and Related Occupations	18.7%
Health Occupations	7.6%
Construction Occupations	4.5%
Sales Occupations	3.5%
Occupations in Transportation Activities	2.1%
Social Service Occupations	1.7%
Education and Related Occupations	1.4%
Scientific and Technical Occupations	.7%
Mechanics and Repairers	.3%
Social Scientists	-
Art, Design, and Communications-Related Occupations	-

Table 4. Frequency Distribution of Lifetime Transitional Employment Placements (N = 74)

WORK TYPE	RELATIVE FREQUENCY
Service Occupations	50.9%
Office Occupations	33.3%
Occupations in Transportation Activities	8.8%
Industrial Production and Related Occupations	3.5%
Education and Related Occupations	1.8%
Health Occupations	1.8%
Sales Occupations	-
Construction Occupations	-
Scientific and Technical Occupations	-
Mechanics and Repairers	-
Social Scientists	-
Social Service Occupations	-
Art, Design, and Communications-Related Occupations	-

Table 5. Frequency Distribution of Lifetime Employment (including Transitional Employment Placements) (N = 74)

WORK TYPE	RELATIVE FREQUENCY
Service Occupations	28.9%
Office Occupations	20.8%
Industrial Production and Related Occupations	15.6%
Service Occupations (TEP)	8.4%
Health Occupations	6.4%
Office Occupations (TEP)	5.5%
Construction Occupations	3.8%
Sales Occupations	2.9%
Occupations in Transportation Activities	1.7%
Social Service Occupations	1.4%
Occupations in Transportation Activities (TEP)	1.4%
Education and Related Occupations	1.2%
Scientific and Technical Occupations	.6%
Industrial Production and Related Occupations (TEP)	.6%
Mechanics and Repairers	.3%
Education and Related Occupations (TEP)	.3%
Health Occupations (TEP)	.3%

Table 6. Percent of Total Jobs Worked Full-Time and Part-Time (N = 74)

	RELATIVE FREQUENCY
FULL TIME	57.4%
PART TIME	42.6%

Table 7. Percent of Total Jobs Worked the Specified Length of Time (N = 74)

LENGTH OF TIME	RELATIVE FREQUENCY
2 weeks or less	10.8%
1 month	12.6%
2 months	10.5%
3 months	19.2%
4 months	6.6%
5 months	4.8%
6 months	4.5%
7-12 months	11.1%
13-18 months	3.0%
19-24 months	6.9%
25-30 months	.9%
31-36 months	2.4%
37-42 months	.3%
43-48 months	1.8%
49-54 months	-
55-60 months	.6%
61-66 months	.3%
67-72 months	-
73-78 months	-
79-84 months	.6%
85-90 months	-
91-96 months	.3%
97 or more months	2.7%

Table 8. Percentages of Length of Full-Time Employment in Various Occupational Categories (N = 74)

	2 WEEKS OR LESS	1 MONTH	2 MONTHS	3 MONTHS	4 MONTHS	5 MONTHS	6 MONTHS	1 YEAR	2 YEARS	3 YEARS OR MORE
Industrial Production and Related Occupations	3.7%	3.2%	5.3%	5.3%	1.6%	.5%	1.1%	.5%	1.6%	1.6%
Office Occupations	1.6%	2.7%	2.1%	2.1%	1.1%	1.6%	2.1%	3.7%	7.5%	3.7%
Service Occupations	2.7%	1.6%	4.8%	4.8%	2.1%	1.1%	1.6%	8.0%	1.6%	4.3%
Education and Related Occupations	.0%	.5%	.5%	.5%	.0%	.0%	.0%	.0%	.5%	.0%
Sales Occupations	.5%	.0%	.0%	.0%	.5%	.0%	.0%	.5%	1.0%	.5%
Construction Occupations	.0%	1.1%	1.1%	1.1%	.0%	.0%	1.1%	.5%	.0%	1.0%
Occupations in Transportation Activities	.0%	.0%	.0%	.0%	.5%	.0%	.0%	.0%	.0%	.0%
Scientific and Technical Occupations	.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	.5%	.0%
Mechanics and Repairers	.0%	.0%	.0%	.0%	.0%	.0%	.0%	.5%	.0%	.0%
Health Occupations	.0%	1.1%	1.1%	1.1%	1.1%	.5%	.0%	2.1%	1.1%	1.5%
Social Service Occupations	.0%	.0%	.0%	.0%	.5%	.0%	.0%	1.1%	.0%	.0%

Table 9. Percentages of Length of Part-Time Employment in Various Occupational Categories (including Transitional Employment Placements) (N = 74)

	2 WEEKS OR LESS	1 MONTH	2 MONTHS	3 MONTHS	4 MONTHS	5 MONTHS	6 MONTHS	1 YEAR	2 YEARS	3 YEARS OR MORE
Industrial Production and Related Occupations	.7%	.0%	2.9%	1.5%	.0%	.0%	.0%	.0%	.0%	.0%
Office Occupations	2.9%	.0%	2.9%	.7%	.7%	1.5%	.0%	2.2%	.7%	1.4%
Service Occupations	2.9%	6.6%	1.5%	6.6%	3.7%	2.2%	.7%	2.2%	3.7%	1.4%
Education and Related Occupations	-	-	-	-	-	-	-	-	-	-
Sales Occupations	.0%	.7%	.0%	.0%	.0%	.7%	.0%	.7%	.0%	.7%
Construction Occupations	.7%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%
Occupations in Transportation Activities	.0%	.0%	.7%	.0%	.0%	.7%	.0%	.0%	.0%	2.1%
Scientific and Technical Occupations	-	-	-	-	-	-	-	-	-	-
Mechanics and Repairers	-	-	-	-	-	-	-	-	-	-
Health Occupations	.0%	.7%	.0%	.0%	.0%	.0%	.0%	2.2%	.0%	.0%
Social Service Occupations	.0%	.7%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%
Industrial Production and Related Occupations (TEP)	.0%	.0%	.0%	1.5%	.0%	.0%	.0%	.0%	.0%	.0%
Office Occupations (TEP)	.7%	2.2%	.7%	7.3%	1.5%	.7%	.0%	.7%	.0%	.0%
Service Occupations (TEP)	2.9%	4.4%	2.9%	7.3%	.0%	.7%	.7%	.0%	.0%	.0%
Education and Related Occupations (TEP)	.0%	.0%	.7%	.0%	.0%	.0%	.0%	.0%	.0%	.0%
Occupations in Transportation Activities (TEP)	.7%	.0%	.0%	.7%	.0%	.0%	.7%	.7%	.7%	.0%
Health Occupations (TEP)	-	-	-	-	-	-	-	-	-	-

Table 10. Mean and Standard Deviation for the Modified Rosenberg Self-Esteem Scale (N = 58)

	MEAN SCORE	STANDARD DEVIATION
Modified Rosenberg Self-Esteem Scale	7.64	3.24

Table 11. Kuder Richardson Reliability Coefficients for the Modified Rosenberg Self-Esteem Scale (16 items) (N = 58)

ITEM NUMBERS	SCALE MEAN IF ITEM DELETED	SCALE VARIANCE IF ITEM DELETED	CORRECTED ITEM-TOTAL CORRELATION	ALPHA IF ITEM DELETED
1	39.36207	20.12976	-0.62334	0.52118
2	38.34483	13.94918	0.28774	0.28716
3	39.37931	18.90623	-0.51155	0.47634
4	38.48276	12.39443	0.60047	0.18418
5	38.32759	12.57502	0.56185	0.19731
6	39.13793	19.62976	-0.55889	0.50685
7	38.12069	13.72202	0.37923	0.26490
8	38.37931	13.08167	0.44467	0.23436
9	38.12069	14.45886	0.28809	0.29820
10	39.20690	20.69328	-0.65385	0.54170
11	38.74138	19.87931	-0.51948	0.52899
12	38.82759	11.96975	0.54197	0.17588
13	38.48276	12.04356	0.60587	0.16770
14	38.74138	13.10738	0.40176	0.24300
15	38.48276	12.74531	0.43006	0.22631
16	38.22414	12.03660	0.61855	0.16543

SCALE	RELIABILITY COEFFICIENT	N CASES	N ITEMS
Modified Rosenberg Self-Esteem Scale	.359	58	16

The reliability of this scale can be improved substantially by deleting items 1, 3, 6, 10 and 11. The Kuder Richardson reliability coefficient is increased to .887 (See Table 12) when only the remaining items (2, 4, 5, 7, 8, 9, 12, 13, 14, 15, 16) are included in the analysis. This indicates a high level of internal consistency and reliability.

3. The concurrent validation of the Modified Rosenberg Self-Esteem Scale is supported by high correlations with a number of the characteristic and current ego function scales, as well as the Katz Activities of Daily Living Scale and the Katz Social Adjustment Scale Total Score (ADL and LDA scales combined). Correlation coefficients for the Characteristic and Current Ego Functions and the Modified Rosenberg, and the Katz Social Adjustment Scale and the Modified Rosenberg are reported in Tables 13, 14 and 15 respectively.

4. No significant correlation was found between the Modified Rosenberg Self-Esteem Scale and employment status as measured by total number of weeks worked in the past six months.

Work Related Activities Scale

The Work Related Activities Scale is a motivational measure found in the original Vocational Assessment Project to have a fairly high level of reliability for research purposes. In an effort to establish the predictive validity of this scale, the following results were obtained:

1. Tables 16 and 17 report the results of a discriminant function analysis used to measure the predictive value of the Work Related Activities Scale. This scale was found to be a significant predictor of current employment status (.05 level). 63.51% of the subjects were correctly classified as employed or unemployed.

2. Table 18 reports no significant correlation between the Work Related Activities Scale and employment status as measured by the number of weeks worked in the past six months.

SCL-90

Reliability of the SCL-90 was established in the 1980 Vocational Assessment Project.

The SCL-90 was administered to 58 subjects in the current interview study. The following results were obtained:

1. Means and standard deviations for SCL-90 subscales are reported in Table 19. Intercorrelations of SCL-90 subscales are provided in Table 20. These intercorrelations were all significant at the .01 level.

Table 12. Kuder Richardson Reliability Coefficients for the Modified Rosenberg Self-Esteem Scale (11 items) (N = 58)

ITEM NUMBERS	SCALE MEAN IF ITEM DELETED	SCALE VARIANCE IF ITEM DELETED	CORRECTED ITEM-TOTAL CORRELATION	ALPHA IF ITEM DELETED
2	28.05172	35.80430	0.39250	0.89036
4	28.18966	33.17393	0.71279	0.87107
5	28.03448	33.01633	0.72846	0.87008
7	27.82759	35.40835	0.48943	0.88416
8	28.08621	33.41349	0.65823	0.87424
9	27.82759	36.53116	0.41058	0.88794
12	28.53448	32.91984	0.60482	0.87796
13	28.18966	32.05112	0.77615	0.86631
14	28.44828	34.25166	0.52409	0.88282
15	28.18966	32.43708	0.67641	0.87283
16	27.93103	32.87235	0.69512	0.87177

SCALE	RELIABILITY COEFFICIENT	N CASES	N ITEMS
Modified Rosenberg Self-Esteem Scale	.89	58	11

Table 13. Correlation of the Characteristic Ego Functions and the Modified Rosenberg Self-Esteem Scale (N = 30)

	SELF-ESTEEM
REALITY TESTING	.32
JUDGMENT	.38
SENSE OF REALITY	.45
REGULATION AND CONTROL OF DRIVES	.31
OBJECT RELATIONS	.33
THOUGHT PROCESSES	.43
ARISE	.32
DEFENSIVE FUNCTIONING	.51
STIMULUS BARRIER	.51
AUTONOMOUS FUNCTIONING	.55
SYNTHETIC-INTEGRATIVE FUNCTIONING	.43
MASTERY-COMPETENCE	.34
SUPEREGO	.33

Note: Underlined values are significant at the .05 level.

Table 14. Correlation of the Current Ego Functions and the Modified Rosenberg Self-Esteem Scale (N = 30)

	SELF-ESTEEM
REALITY TESTING	.34
JUDGMENT	.30
SENSE OF REALITY	.40
REGULATION AND CONTROL OF DRIVES	.24
OBJECT RELATIONS	.28
THOUGHT PROCESSES	.37
ARISE	.20
DEFENSIVE FUNCTIONING	.51
STIMULUS BARRIER	.47
AUTONOMOUS FUNCTIONING	.59
SYNTHETIC-INTEGRATIVE FUNCTIONING	.37
MASTERY-COMPETENCE	.25
SUPEREGO	.29

Note: Underlined values are significant at the .05 level.

Table 15. Correlation of the Katz Social Adjustment Scale and the Modified Rosenberg Self-Esteem Scale (N = 37)

	SELF-ESTEEM
KATZ - ADL	.36
KATZ - LTA	.27
KATZ - TOTAL	.38

Note: Underlined values are significant at the .05 level.

Table 16. Summary Table of Discriminant Function Analysis for the Work Related Activities Scale which was used to Predict Employment Status (N = 65)

SCALE	WILKS' LAMBDA	SIG.	RAO'S V	SIG.	CHANGE IN V	SIG.
Work Related Activities Scale	0.91	0.02	5.92	0.02	5.92	0.02

Table 17. Classification Results for the Work Related Activities Scale Which was used to Predict Employment Status (N = 74)

EMPLOYMENT STATUS	N CASES	PREDICTED GROUP MEMBERSHIP UNEMPLOYED	EMPLOYED
Unemployed	45	31 68.9%	14 31.1%
Employed	29	13 44.8%	16 55.2%
Percent of cases correctly classified			63.51%

Table 18. Correlation of the Work Related Activities Scale and Employment Status (N = 50)

	TOTAL NUMBER OF WEEKS WORKED IN THE PAST SIX MONTHS
Work Related Activities Scale Total Score	.09

Table 19. Means and Standard Deviations for SCL-90 Subscales (N = 37)

SUBSCALE	MEAN	STANDARD DEVIATION
SOMATIZATION	.70	.67
OBSESSIVE-COMPULSIVE	1.17	1.01
INTERPERSONAL SENSITIVITY	.99	.99
DEPRESSION	1.13	.97
ANXIETY	1.06	.92
HOSTILITY	.67	.80
PHOBIC ANXIETY	.66	.76
PARANOID IDEATION	.91	1.01
PSYCHOTICISM	.69	.78
GENERAL SYMPTOM INDEX	.91	.76

Table 20. Intercorrelations of SCL-90 Subscales (N = 37)

	SOMATIZATION	OBSESSIVE-COMPULSIVE	INTERPERSONAL SENSITIVITY	DEPRESSION	ANXIETY	HOSTILITY	PHOBIC ANXIETY	PARANOID IDEATION	PSYCHOTICISM	GSI	PSDI
SOMATIZATION											
OBSESSIVE-COMPULSIVE	.62										
INTERPERSONAL SENSITIVITY	.61	.79									
DEPRESSION	.61	.87	.84								
ANXIETY	.71	.85	.89	.88							
HOSTILITY	.76	.57	.69	.51	.65						
PHOBIC ANXIETY	.75	.69	.78	.68	.77	.80					
PARANOID IDEATION	.65	.62	.87	.72	.76	.70	.67				
PSYCHOTICISM	.64	.73	.89	.78	.80	.74	.76	.88			
GSI	.80	.89	.93	.91	.94	.77	.85	.85	.90		
PSDI	.52	.65	.72	.70	.76	.49	.62	.63	.62	.73	
PST	.63	.70	.73	.74	.70	.62	.65	.69	.78	.79	.40

Note: Underlined values are significant at the .01 level.

2. SCL-90 subscale scores were used as independent variables in a discriminant function analysis to predict employment status. Results in Tables 21, 22, 23, and 24 indicate that neither the 1980 nor the 1981 administration of the SCL-90 successfully classified subjects as employed or unemployed, with the exception of the Paranoid Ideation (1981) subscale which was a significant predictor (.05 level).

3. Two SCL-90 subscales, Somatization and Hostility, negatively correlated (.05 level) with employment status as measured by the number of weeks worked in the past six months. See Table 25. Table 26 shows a lack of correlation between the original administration of the SCL-90 and employment status.

4. Correlations between SCL-90 subscales and the Modified Rosenberg Self-Esteem Scale are reported in Table 27. All subscales are negatively correlated with self-esteem at the .01 level of significance, suggesting a strong relationship between symptom level and self-esteem.

5. Table 28 gives the correlations between the SCL-90 subscales and the Katz Social Adjustment Scale. Correlations between the SCL-90 subscales and Characteristic and Current Ego Function Scales are found in Tables 29 and 30, respectively.

Katz Social Adjustment Scale

The Katz Social Adjustment Scale is a level of functioning measure consisting of two subscales: the Activities of Daily Living and Leisure Time Activities.

Reliability of the Katz Social Adjustment Scale was established in the original Vocational Assessment Project. The Katz was administered to 58 subjects in the current interview study. The findings were as follows:

1. Means and standard deviations for the Katz Social Adjustment Scale are reported in Table 31.

2. Discriminant function analysis results for those items of the Katz which were significant (.05 level) predictors of employment status can be found in Tables 32 and 33, for both 1980 and 1981 administrations of the Katz, respectively. The original (1980) administration of the Katz correctly classified 85.14% of the subjects as employed or unemployed; the current (1981) administration correctly classified 81.08% of the subjects. These classification results are reported in Tables 34 and 35.

3. A significant negative correlation was found between the Leisure Time Activities Scale and employment status as measured by the number of weeks worked in the past six months. See Table 36.

Table 21. Summary Table of Discriminant Function Analysis for those Previous SCL-90 (1980 Vocational Assessment Project) Subscales which were used to Predict Employment Status (N = 61)

SCALES	WILKS' LAMBDA	SIG.	RAO'S V	SIG.	CHANGE IN V	SIG.
Psychoticism	0.95	0.09	2.89	0.09	2.89	0.09
Hostility	0.93	0.14	4.19	0.12	1.31	0.25

Table 22. Classification Results for Those Subscales of the Previous SCL-90 (1980 Vocational Assessment Project) Which were used to Predict Employment Status (N = 61)

EMPLOYMENT STATUS	N CASES	PREDICTED GROUP MEMBERSHIP UNEMPLOYED	EMPLOYED
Unemployed	45	29 64.4%	16 35.6%
Employed	29	11 37.9%	18 62.1%
Percent of cases correctly classified			63.51%

Table 23. Summary Table of Discriminant Function Analysis for Those SCL-90 Subscales Which Were Used to Predict Employment Status (N = 37)

SCALES	WILKS' LAMBDA	SIG.	RAO'S V	SIG.	CHANGE IN V	SIG.
PHOBIC ANXIETY	0.95	0.17	1.99	0.16	1.99	0.16
INTERPERSONAL SENSITIVITY	0.90	0.15	4.10	0.13	2.11	0.15
ANXIETY	0.82	0.08	7.69	0.05	3.58	0.06
PSDI (POSITIVE SYMPTOM DISTRESS INDEX)	0.76	0.06	10.99	0.03	3.30	0.07
SOMATIZATION	0.73	0.07	12.91	0.02	1.92	0.17
PARANOID IDEATION	0.67	0.04	17.58	0.01	4.67	0.03

Table 24. Classification Results for Those Subscales of the SCL-90 Which Were Used to Predict Employment Status (N = 74)

EMPLOYMENT STATUS	N CASES	PREDICTED GROUP MEMBERSHIP UNEMPLOYED	EMPLOYED
Unemployed	45	41 91.1%	4 8.9%
Employed	29	14 48.3%	15 51.7%
Percent of Cases Correctly Classified			75.68%

Table 25. Correlation of the SCL-90 and Employment Status

(N = 37)

	TOTAL NUMBER OF WEEKS WORKED IN THE PAST SIX MONTHS
SOMATIZATION	-.44
OBSESSIVE-COMPULSIVE	-.16
INTERPERSONAL SENSITIVITY	-.05
DEPRESSION	-.16
ANXIETY	-.25
HOSTILITY	-.44
PHOBIC ANXIETY	-.39
PARANOID IDEATION	-.21
PSYCHOTICISM	-.21
GSI	-.26
PSDI	-.17
PST	-.12

Note: Underlined values are significant at the .05 level.

Table 26. Correlation of the Previous SCL-90 (1980 Vocational Assessment Project) and Employment Status (N = 50)

	TOTAL NUMBER OF WEEKS WORKED IN THE PAST SIX MONTHS
SOMATIZATION	-.17
OBSESSIVE-COMPULSIVE	.01
INTERPERSONAL SENSITIVITY	.01
DEPRESSION	-.04
ANXIETY	-.04
HOSTILITY	.07
PHOBIC ANXIETY	.09
PARANOID IDEATION	-.07
PSYCHOTICISM	-.19
GSI	-.10
PSDI	-.09
PST	-.14

Table 27. Correlation of the SCL-90 and the Modified Rosenberg Self-Esteem Scale (N = 37)

	SELF-ESTEEM
SOMATIZATION	-.42
OBSESSIVE-COMPULSIVE	-.66
INTERPERSONAL SENSITIVITY	-.70
DEPRESSION	-.74
ANXIETY	-.75
HOSTILITY	-.39
PHOBIC ANXIETY	-.50
PARANOID IDEATION	-.58
PSYCHOTICISM	-.67
GSI	-.71
PSDI	-.56
PST	-.50

Note: Underlined values are significant at the .01 level.

Table 28. Correlation Matrix of the SCL-90 and the Katz Social Adjustment Scale (N = 37)

	ADL	LTA	TOTAL
SOMATIZATION	-.32	-.12	-.26
OBSESSIVE-COMPULSIVE	-.26	-.37	-.36
INTERPERSONAL SENSITIVITY	-.35	-.30	-.39
DEPRESSION	-.38	-.34	-.41
ANXIETY	-.42	-.24	-.39
HOSTILITY	-.23	-.02	-.15
PHOBIC ANXIETY	-.33	-.08	-.26
PARANOID IDEATION	-.35	-.21	-.33
PSYCHOTICISM	-.31	-.23	-.33
GSI	-.37	-.28	-.38
PSDI	-.46	-.09	-.33
PST	-.36	-.27	-.36

Note: Underlined values are significant at the .05 level.

Table 29. Correlation Matrix of the Characteristic Ego Functions and the SCL-90 (N = 30)

	SOMATIZATION	OBSESSIVE-COMPULSIVE	INTERPERSONAL SENSITIVITY	DEPRESSION	ANXIETY	HOSTILITY	PHOBIC ANXIETY	PARANOID IDEATION	PSYCHOTICISM	GSI	PSDI	PST
REALITY TESTING	-.26	-.29	-.35	-.31	-.37	-.27	-.22	-.41	-.46	-.36	-.13	-.31
JUDGMENT	-.21	-.31	-.33	-.29	-.40	-.24	-.28	-.31	-.36	-.33	-.20	-.25
SENSE OF REALITY	-.20	-.44	-.49	-.43	-.52	-.34	-.33	-.45	-.46	-.45	-.34	-.34
REGULATION & CONTROL OF DRIVES	-.26	-.28	-.32	-.37	-.41	-.37	-.33	-.24	-.31	-.35	-.11	-.31
OBJECT RELATIONS	.05	-.13	-.19	-.20	-.20	-.10	-.12	-.15	-.26	-.14	.00	-.24
THOUGHT PROCESSES	-.13	-.27	-.23	-.28	-.23	-.09	-.15	-.35	-.32	-.26	-.05	-.16
ARISE	-.10	-.10	-.14	-.17	-.14	-.19	-.20	-.21	-.22	-.17	.16	-.26
DEFENSIVE FUNCTIONING	-.05	-.29	-.45	-.44	-.47	-.31	-.29	-.39	-.47	-.37	-.27	-.40
STIMULUS BARRIER	-.32	-.57	-.57	-.54	-.62	-.46	-.51	-.38	-.45	-.56	-.48	-.47
AUTONOMOUS FUNCTIONING	-.28	-.47	-.44	-.50	-.50	-.30	-.36	-.42	-.46	-.47	-.18	-.43
SYNTHETIC-INTEGRATIVE FUNCTIONING	-.25	-.43	-.36	-.40	-.45	-.31	-.27	-.38	-.36	-.40	-.18	-.34
MASTERY-COMPETENCE	-.29	-.27	-.35	-.23	-.37	-.43	-.39	-.42	-.45	-.37	-.23	-.24
SUPEREGO	-.24	-.32	-.42	-.35	-.50	-.45	-.39	-.39	-.38	-.40	-.24	-.26

Note: Underlined values are significant at the .05 level.

Table 30. Correlation Matrix of the Current Ego Functions and the SCL-90 (N = 30)

	SOMATIZATION	OBSESSIVE-COMPULSIVE	INTERPERSONAL SENSITIVITY	DEPRESSION	ANXIETY	HOSTILITY	PHOBIC ANXIETY	PARANOID IDEATION	PSYCHOTICISM	GSI	PSDI	PST
REALITY TESTING	-.25	-.31	-.38	-.33	-.39	-.27	-.23	-.43	-.47	-.37	-.19	-.26
JUDGMENT	-.21	-.29	-.27	-.26	-.34	-.20	-.24	-.28	-.33	-.29	-.13	-.26
SENSE OF REALITY	-.18	-.36	-.43	-.38	-.49	-.35	-.33	-.40	-.46	-.41	-.28	-.34
REGULATION & CONTROL OF DRIVES	-.02	-.07	-.16	-.18	-.26	-.12	-.17	-.08	-.20	-.15	.04	-.16
OBJECT RELATIONS	.14	-.05	-.13	-.11	-.12	-.00	-.09	-.08	-.24	-.07	.07	-.20
THOUGHT PROCESSES	-.12	-.26	-.24	-.29	-.22	-.07	-.14	-.35	-.34	-.26	-.04	-.18
ARISE	-.03	.02	-.01	-.07	-.00	-.09	-.12	-.13	-.13	-.05	.24	-.18
DEFENSIVE FUNCTIONING	-.01	-.22	-.40	-.41	-.41	-.23	-.23	-.37	-.42	-.32	-.23	-.36
STIMULUS BARRIER	-.30	-.52	-.50	-.49	-.59	-.42	-.46	-.33	-.37	-.51	-.43	-.44
AUTONOMOUS FUNCTIONING	-.28	-.39	-.41	-.47	-.46	-.27	-.35	-.42	-.49	-.44	-.15	-.40
SYNTHETIC-INTEGRATIVE FUNCTIONING	-.26	-.33	-.32	-.35	-.42	-.37	-.27	-.36	-.40	-.37	-.17	-.32
MASTERY-COMPETENCE	-.24	-.17	-.25	-.15	-.28	-.40	-.30	-.38	-.39	-.29	-.17	-.19
SUPEREGO	-.18	-.26	-.36	-.32	-.44	-.40	-.35	-.34	-.32	-.34	-.22	-.21

Note: Underlined values are significant at the .05 level.

Table 31. Means and Standard Deviations for the Katz Social Adjustment Scale (N = 37)

SUBSCALE	MEAN	STANDARD DEVIATION
Activities of Daily Living	28.32	7.63
Leisure Time Activities	35.89	7.67
Total	64.49	12.82

Table 32. Summary Table of Discriminant Function Analysis for those Items on the Previous Katz Social Adjustment Scale (1980 Vocational Assessment Project) which were Significant Predictors of Employment Status (N = 58)

ITEM	WILKS' LAMBDA	SIG.	RAO'S V	SIG.	CHANGE IN V	SIG.
Work	0.71	0.001	22.99	0.001	22.99	0.001
Go to School	0.67	0.001	27.62	0.001	4.64	0.031
Play cards or other table games	0.64	0.001	31.75	0.001	4.12	0.042
Help in the care and training of children	0.61	0.001	36.32	0.001	4.58	0.032
Support the family	0.58	0.001	40.13	0.001	3.81	0.051
Listen to the radio	0.48	0.001	61.16	0.001	4.80	0.029
Just sit and think	0.46	0.001	65.13	0.001	3.97	0.047
Attend club, lodge, other meetings	0.44	0.001	70.40	0.001	7.72	0.006

Table 33. Summary Table of Discriminant Function Analysis for those Items on the Katz Social Adjustment Scale which were Significant Predictors of Employment Status (N = 34)

ITEM	WILKS' LAMBDA	SIG.	RAO'S V	SIG.	CHANGE IN V	SIG.
Work	0.85	0.023	5.69	0.017	5.70	0.017
Read	0.71	0.005	13.20	0.001	7.51	0.006
Just sit and think	0.62	0.002	19.82	0.001	6.62	0.010
Visit friends	0.57	0.002	24.44	0.001	4.63	0.032
Take part im community/church work	0.49	0.001	33.71	0.001	9.27	0.002
Help with household chores	0.43	0.001	42.81	0.001	9.10	0.003
Get along with family members	0.38	0.001	51.20	0.001	8.40	0.004
Go to parties and other social activities	0.35	0.001	58.66	0.001	7.45	0.006
Take courses at home	0.31	0.001	71.21	0.001	12.56	0.004
Watch television	0.29	0.001	78.59	0.001	7.38	0.007
Take up hobbies	0.27	0.001	87.50	0.001	8.91	0.003
Help with family shopping	0.25	0.001	94.65	0.001	7.141	0.008
Bowl or other sports	0.24	0.001	101.90	0.001	7.26	0.007
Visit friends	0.23	0.001	104.40	0.001	8.11	0.004
Attend club, lodge, other meetings	0.20	0.001	125.60	0.001	12.30	0.001
Dress and take care of myself	0.20	0.001	130.00	0.001	18.39	0.001
Listen to the radio	0.19	0.001	134.80	0.001	11.98	0.001
Remember to do important things	0.17	0.001	159.90	0.001	14.65	0.001
Work in and around the house	0.15	0.001	182.00	0.001	22.15	0.001

Table 34. Classification Results of Discriminant Function Analysis for those Items on the Previous Katz Social Adjustment Scale (1980 Vocational Assessment Project) which were Significant Predictors of Employment Status (N = 74)

EMPLOYMENT STATUS	N CASES	PREDICTED GROUP MEMBERSHIP UNEMPLOYED	EMPLOYED
Unemployed	45	42 93.3%	3 6.7%
Employed	29	8 27.6%	21 72.4%
Percent of cases correctly classified			85.14%

Table 35. Classification Results of Discriminant Function Analysis for those Items on the Katz Social Adjustment Scale which were Significant Predictors of Employment Status (N = 74)

EMPLOYMENT STATUS	N CASES	PREDICTED GROUP MEMBERSHIP UNEMPLOYED	EMPLOYED
Unemployed	45	45 100.0%	0 0.0%
Employed	29	14 48.3%	15 51.7%
Percent of cases correctly classified			81.08%

Table 36. Correlation of the Katz Social Adjustment Scale and Employment Status (N = 37)

	TOTAL NUMBER OF WEEKS WORKED IN THE PAST SIX MONTHS
KATZ - ADL	.05
KATZ - LTA	-.46
KATZ - TOTAL	-.22

Note: Underlined values are significant at the .05 level.

4. Results in Table 15 indicate that both the Katz Activities of Daily Living Scale and the Katz Total Score significantly correlate with the Modified Rosenberg Self-Esteem Scale (.05 level).

5. Tables 37 and 38 report correlations between the Katz Activities of Daily Living Scale and the Characteristic and Current Ego Functioning Scales, respectively. Tables 39, 40, 41 and 42 provide correlations of the individual Katz items and the Characteristic and Current Ego Functioning Scales.

Bellak's Ego Functioning Scale

The mean interrater reliability coefficient reported by Bellak, Hurvich and Gediman (1973) for a schizophrenic sample was .60. When the extent of agreement and disagreement was translated into percentages, the results reflected a substantial degree of agreement among raters. Therefore, it was judged by Bellak, et al. to be reliable.

Bellak's Ego Functioning Scale was administered to 30 subjects in the interview study. The following results were obtained:

1. Means and standard deviations for the characteristic and current levels of ego functioning are reported in Tables 43 and 44. The grand means for the characteristic and current levels of ego functions were 4.16 and 4.37, respectively.

2. Frequency distributions for the characteristic and current levels of ego functioning are presented in Tables 45 through 70. The range of scores (all scales included) extended from 2.0 to 6.0. The highest percentage of scores fell between 4.0 and 5.0.

3. Intercorrelations of the Characteristic and Current Ego Functioning Scales are reported in Tables 71 and 72. With a few exceptions, all intercorrelations of ego functioning scales are significant at the .05 level.

4. Table 73 presents the results of a discriminant function analysis for the items of the ego functioning scales which were significant (.05) predictors of current employment status. 70.27% of the subjects were correctly classified as employed or unemployed. The two scales which were significant predictors of employment status were Autonomous Functioning (Current) and ARISE (Current). Classification results are reported in Table 74.

5. Tables 75 and 76 report the correlation coefficients for the Characteristic and Current Ego Function Scales and the subscales of the Career Maturity Inventory. The concurrent validation of several of Bellak's ego functioning scales is supported by high correlations with all of the scales of the CMI Competence Tests, with the exception of the

Table 37. Correlation Matrix of the Characteristic Ego Functions and the Katz Social Adjustment Scale (N = 30)

	ADL	LTA	TOTAL
REALITY TESTING	.30	.18	.30
JUDGMENT	.27	.13	.27
SENSE OF REALITY	.35	.20	.33
REGULATION & CONTROL OF DRIVES	-.12	-.14	-.14
OBJECT RELATIONS	.17	.12	.17
THOUGHT PROCESSES	.03	.23	.18
ARISE	.09	.20	.18
DEFENSIVE FUNCTIONING	.29	.12	.25
STIMULUS BARRIER	.26	.07	.18
AUTONOMOUS FUNCTIONING	.15	.24	.24
SYNTHETIC-INTEGRATIVE FUNCTIONING	.26	.36	.37
MASTERY-COMPETENCE	-.01	-.01	.02
SUPEREGO	.27	.02	.18

Note: Underlined values are significant at the .05 level.

Table 38. Correlation Matrix of the Current Ego Functions and the Katz Social Adjustment Scale (N = 30)

	ADL	LTA	TOTAL
REALITY TESTING	.35	.26	.39
JUDGMENT	.23	.20	.28
SENSE OF REALITY	.32	.14	.29
REGULATION & CONTROL OF DRIVES	-.14	-.14	-.11
OBJECT RELATIONS	.13	.16	.21
THOUGHT PROCESSES	.07	.32	.27
ARISE	.02	.13	.09
DEFENSIVE FUNCTIONING	.23	.11	.21
STIMULUS BARRIER	.30	.09	.20
AUTONOMOUS FUNCTIONING	.11	.23	.22
SYNTHETIC-INTEGRATIVE FUNCTIONING	.14	.20	.22
MASTERY-COMPETENCE	.04	-.07	.00
SUPEREGO	.21	-.02	.13

Note: Underlined values are significant at the .05 level.

Table 39. Correlation Matrix of the Characteristic Ego Functions and the Katz Activities of Daily Living Scale (by item) (N = 30)

	REALITY TESTING	JUDGMENT	SENSE OF REALITY	REGULATION & CONTROL OF DRIVES	OBJECT RELATIONS	THOUGHT PROCESSES	ARISE	DEFENSIVE FUNCTIONING	STIMULUS BARRIER	AUTONOMOUS FUNCTIONING	SYNTHETIC-INTEGRATIVE FUNCTIONING	MASTERY-COMPETENCE	SUPEREGO
Help with household chores	.20	.22	.20	-.21	.19	.08	-.02	.10	-.02	.08	.21	-.09	.10
Visit friends	-.16	-.14	-.16	-.26	-.24	-.11	-.22	-.20	.03	-.03	-.12	-.20	-.37
Visit relatives	.09	.15	.17	-.01	.23	-.14	-.25	.32	.04	-.11	-.10	-.17	.25
Entertain friends at home	.17	.19	.12	-.19	.05	-.10	-.23	.04	.02	.11	-.03	.05	-.02
Dress/care for self	.07	.03	.07	-.06	-.28	-.13	-.28	-.09	.28	.03	.07	-.16	.01
Help with family budgeting	.40	.13	.12	.05	.26	.15	.39	.33	-.05	-.10	.04	-.08	.22
Remember to do important things on time	.22	.26	.24	.06	.16	.23	-.00	.14	.20	.24	.18	.11	.16
Get along with family members	.24	.28	.24	-.01	.18	.28	.22	.21	.16	.21	.35	.21	.29
Go to parties/social activities	.11	.11	.23	-.18	.20	.03	-.08	.39	.26	.04	.11	-.23	.20
Get along with neighbors	.12	-.08	.09	-.13	-.07	-.15	-.16	.13	.03	-.13	.05	-.12	.11
Help with family shopping	.27	.24	.10	-.18	-.05	.15	-.07	.05	-.04	.15	.01	-.08	-.15
Help in care/training children	.04	-.21	-.03	-.37	-.16	-.16	-.14	-.07	.10	-.26	-.42	-.35	-.09
Go to church	.10	.16	.04	-.31	.07	-.13	-.18	.13	.27	-.01	-.03	-.10	.06
Take up hobbies	-.12	-.16	-.14	-.07	-.12	.17	.20	.04	.10	.18	.13	-.22	-.09
Work	.29	.38	.41	.32	.00	.24	.28	.07	.23	.38	.42	.35	.30
Support the family	.09	.09	.07	-.16	-.19	.09	-.35	.09	.14	.09	-.06	-.20	-.20

Note: Underlined values are significant at the .05 level.

Table 40. Correlation Matrix of the Characteristic Ego Functions and the Katz Leisure Time Activities Scale (by item) (N = 30)

	REALITY TESTING	JUDGMENT	SENSE OF REALITY	REGULATION & CONTROL OF DRIVES	OBJECT RELATIONS	THOUGHT PROCESSES	ARISE	DEFENSIVE FUNCTIONING	STIMULUS BARRIER	AUTONOMOUS FUNCTIONING	SYNTHETIC-INTEGRATIVE FUNCTIONING	MASTERY-COMPETENCE	SUPEREGO
Work in and around house	-.21	-.10	-.22	-.41	-.02	-.30	-.27	-.18	-.38	-.40	-.23	-.39	-.11
Work in garden or yard	-.20	.00	-.15	-.24	.25	-.12	.20	.15	-.01	-.13	.00	-.16	.21
Work on some hobby	-.27	-.12	-.36	-.37	-.13	-.14	-.21	-.12	-.18	-.08	-.27	-.18	-.28
Listen to the radio	-.10	-.03	-.19	-.17	-.08	.11	.11	-.13	.01	-.00	.15	.06	-.15
Watch television	.06	-.10	.02	.05	-.05	-.29	-.08	-.06	-.14	-.26	-.09	-.11	.17
Write letters	-.06	.03	-.10	-.03	.07	-.37	-.18	.01	-.11	-.24	-.13	-.05	.02
Go to the movies	.16	.25	.15	.32	.26	.18	.35	.31	.25	.18	.34	.27	.18
Attend lectures, theater	.16	.12	.02	-.27	.21	.09	.02	.00	-.00	-.14	.02	-.00	.05
Attend club, lodge, meetings	.18	.11	.05	-.12	.28	.22	.13	.31	-.20	-.11	.01	-.03	.23
Shop	.00	-.01	-.05	-.19	.06	-.04	-.10	-.02	-.02	.02	-.09	-.32	-.11
Take part in community/church work	.05	.09	-.01	-.24	.13	.20	.05	-.04	-.06	.02	.13	-.01	.02
Bowl or other sports	.03	-.01	-.18	-.25	-.16	.15	-.12	-.19	-.47	-.22	-.16	-.01	-.11
Play cards/other table games	-.24	-.41	-.29	-.23	-.32	-.18	-.13	-.18	-.27	-.36	-.08	-.33	-.12
Take rides	-.09	-.14	-.27	-.43	-.03	-.21	-.14	-.21	-.50	-.39	-.12	-.23	-.16
Visit friends	.25	.34	.23	.06	.22	.34	.26	.22	.18	.15	.25	.26	.31
Entertain friends	.26	.36	.24	.10	.21	.34	.29	.13	.30	.19	.32	.34	.31

Table 40 —Continued

	REALITY TESTING	JUDGMENT	SENSE OF REALITY	REGULATION & CONTROL OF DRIVES	OBJECT RELATIONS	THOUGHT PROCESSES	ARISE	DEFENSIVE FUNCTIONING	STIMULUS BARRIER	AUTONOMOUS FUNCTIONING	SYNTHETIC-INTEGRATIVE FUNCTIONING	MASTERY-COMPETENCE	SUPEREGO
Sew, crochet, or knit	-.02	-.17	-.32	-.15	-.17	.05	.15	-.15	-.45	-.23	.00	.18	-.15
Read	-.04	-.24	-.24	-.30	-.27	.05	-.09	-.39	-.42	-.33	-.21	-.03	-.25
Go to the library	-.07	-.04	-.24	-.23	.02	.11	.30	-.00	-.20	-.23	.03	.16	.02
Just sit and think	-.42	-.25	-.40	-.32	-.18	-.24	-.18	-.36	-.28	-.47	-.19	-.15	-.31
Take courses at home	-.00	.07	.08	-.30	.13	-.36	.01	.17	-.06	-.18	-.03	.07	.30
Go to school	.23	.26	.32	-.07	-.01	.01	.02	-.16	-.13	.03	.06	.08	.43

Note: Underlined values are significant at the .05 level.

Table 41. Correlation Matrix of the Current Ego Functions and the Katz Activities of Daily Living Scale (by item) (N = 30)

	REALITY TESTING	JUDGMENT	SENSE OF REALITY	REGULATION & CONTROL OF DRIVES	OBJECT RELATIONS	THOUGHT PROCESSES	ARISE	DEFENSIVE FUNCTIONING	STIMULUS BARRIER	AUTONOMOUS FUNCTIONING	SYNTHETIC-INTEGRATIVE FUNCTIONING	MASTERY-COMPETENCE	SUPEREGO
Help with household chores	.23	.24	.10	-.24	.05	.07	.02	.08	-.01	.02	.11	-.05	.08
Visit friends	-.19	[illegible]	-.24	-.30	-.15	-.10	-.23	-.25	-.02	-.07	-.25	-.23	-.42
Visit relatives	.12	.07	.17	.08	.16	-.08	-.26	.29	.07	-.10	-.08	-.19	.25
Entertain friends at home	.17	.13	.03	-.13	.01	-.12	-.31	-.08	-.01	.07	-.03	.04	-.09
Dress/care for self	.07	-.03	-.02	-.12	-.36	-.15	-.40	-.14	.21	-.05	-.03	-.21	-.09
Help with family budgeting	.28	.06	.24	.14	.41	.33	.46	.30	-.04	-.04	.02	-.10	.20
Remember to do important things on time	.18	.23	.19	.04	.03	.18	-.04	.15	.21	.23	.11	.05	.10
Get along with family members	.22	.25	.24	-.06	.06	.24	.19	.23	.19	.22	.29	.18	.25
Go to parties/social activities	.15	.10	.18	-.13	.26	.18	-.07	.31	.21	-.07	-.03	-.27	.15
Get along with neighbors	.13	-.12	.06	-.25	-.12	-.12	-.21	.10	.02	-.20	.00	-.06	.07
Help with family shopping	.14	.13	.09	.00	.01	.13	-.08	-.02	-.06	.08	-.05	-.06	-.19
Help in care/training children	-.05	-.38	-.07	-.28	-.12	-.13	-.16	-.20	.02	-.41	-.53	-.35	-.15
Go to church	.05	.13	.05	-.33	-.01	-.05	-.26	-.03	.25	-.11	-.03	-.41	-.01
Take up hobbies	-.08	-.10	-.15	-.13	-.08	.28	.18	.09	.10	.17	.08	-.32	-.06
Work	.28	.32	.30	.26	-.01	.18	.16	.06	.29	.31	.25	.27	.29
Support the family	.05	-.09	.06	-.18	-.20	.06	-.41	-.03	.14	-.04	-.10	-.10	-.17

Note: Underlined values are significant at the .05 level.

Table 42. Correlation Matrix of the Current Ego Functions and the Katz Leisure Time Activities Scale (by item) (N = 30)

	REALITY TESTING	JUDGMENT	SENSE OF REALITY	REGULATION & CONTROL OF DRIVES	OBJECT RELATIONS	THOUGHT PROCESSES	ARISE	DEFENSIVE FUNCTIONING	STIMULUS BARRIER	AUTONOMOUS FUNCTIONING	SYNTHETIC-INTEGRATIVE FUNCTIONING	MASTERY-COMPETENCE	SUPEREGO
Work in and around house	-.16	-.05	-.19	-.30	.00	-.19	-.16	-.18	-.27	-.45	-.27	-.34	-.06
Work in garden or yard	-.23	.07	-.03	-.16	.28	.00	.30	.06	-.01	-.19	-.00	-.24	.24
Work on some hobby	-.28	-.14	-.20	.03	.03	.18	-.15	-.12	-.17	-.05	-.10	-.08	-.30
Listen to the radio	-.12	.05	-.18	-.20	-.04	.11	.20	-.11	-.01	.03	.16	.10	-.18
Watch television	.07	-.05	.04	-.03	-.08	-.25	.02	-.01	-.15	-.22	-.07	.01	.15
Write letters	-.07	.04	-.03	.01	.09	-.32	-.15	-.03	-.05	-.21	-.07	.05	.02
Go to the movies	.10	.22	.20	.20	.24	.14	.37	.28	.23	.17	.35	.30	.22
Attend lectures, theater	.12	.15	.03	-.25	.15	.12	.13	-.05	.00	-.12	.01	.05	-.02
Attend club, lodge, meetings	.19	.10	.12	.04	.34	.36	.15	.31	-.15	-.10	-.01	-.03	.28
Shop	.05	-.04	-.03	-.03	.02	-.06	-.11	.03	.02	.09	-.08	-.28	-.15
Take part in community/church work	.07	.12	.02	-.24	.08	.14	.16	-.04	-.09	.03	.07	.08	-.03
Bowl or other sports	.07	-.01	-.07	-.02	.05	.19	-.01	-.19	-.46	-.15	-.10	.08	-.10
Play cards/other table games	-.18	-.38	-.28	-.45	-.36	-.14	-.04	-.16	-.30	-.37	-.07	-.22	-.07
Take rides	-.07	-.06	-.23	-.41	.00	-.15	.02	-.17	-.46	-.32	-.14	-.10	-.15
Visit friends	.26	.37	.24	.12	.24	.36	.30	.17	.18	.14	.22	.26	.27
Entertain friends	.29	.40	.26	.19	.23	.33	.28	.09	.30	.22	.32	.33	.22

Table 42—Continued

	REALITY TESTING	JUDGMENT	SENSE OF REALITY	REGULATION & CONTROL OF DRIVES	OBJECT RELATIONS	THOUGHT PROCESSES	ARISE	DEFENSIVE FUNCTIONING	STIMULUS BARRIER	AUTONOMOUS FUNCTIONING	SYNTHETIC-INTEGRATIVE FUNCTIONING	MASTERY-COMPETENCE	SUPEREGO
Sew, crochet, or knit	.05	-.10	-.16	-.11	.00	.10	.22	-.13	-.41	-.14	.16	.30	-.07
Read	-.05	-.25	-.22	-.28	-.23	.07	-.02	-.37	-.38	-.27	-.16	.06	-.26
Go to the library	-.10	.03	-.14	-.20	.14	.21	.44	-.01	-.13	-.19	.07	.26	.04
Just sit and think	-.34	-.14	-.39	-.28	-.09	-.22	-.05	-.27	-.26	-.37	-.20	-.11	-.28
Take courses at home	.04	-.01	.04	-.32	.06	-.29	-.08	.04	.05	-.24	-.04	.13	.33
Go to school	.29	.20	.25	.02	-.19	.00	-.03	-.21	-.03	-.04	.01	.00	.48

Note: Underlined values are significant at the .05 level.

Table 43. Means and Standard Deviations for the Characteristic Level of Ego Functioning (N = 30)

		MEAN SCORE	STANDARD DEVIATION
I.	REALITY TESTING	4.11	1.19
II.	JUDGMENT	4.40	1.08
III.	SENSE OF REALITY	4.10	1.17
IV.	REGULATION AND CONTROL OF DRIVES, IMPULSES, AND AFFECTS	4.02	.87
V.	OBJECT RELATIONS	3.72	.76
VI.	THOUGHT PROCESSES	4.77	1.04
VII.	ARISE	3.93	.78
VIII.	DEFENSIVE FUNCTIONING	3.85	1.15
IX.	STIMULUS BARRIER	4.50	1.03
X.	AUTONOMOUS FUNCTIONING	4.35	1.00
XI.	SYNTHETIC-INTEGRATIVE FUNCTIONING	4.47	.80
XII.	MASTERY-COMPETENCE	4.07	.87
	SUPEREGO SCALES	3.82	1.06

Table 44. Means and Standard Deviations for the Current Level of Ego Functioning (N = 30)

		MEAN SCORE	STANDARD DEVIATION
I.	REALITY TESTING	4.35	1.18
II.	JUDGMENT	4.67	1.01
III.	SENSE OF REALITY	4.45	1.13
IV.	REGULATION AND CONTROL OF DRIVES, IMPULSES, AND AFFECTS	4.33	.87
V.	OBJECT RELATIONS	3.89	.83
VI.	THOUGHT PROCESSES	4.97	1.02
VII.	ARISE	4.05	.82
VIII.	DEFENSIVE FUNCTIONING	4.12	1.14
IX.	STIMULUS BARRIER	4.65	.94
X.	AUTONOMOUS FUNCTIONING	4.58	.99
XI.	SYNTHETIC-INTEGRATIVE FUNCTIONING	4.67	.83
XII.	MASTERY-COMPETENCE	4.18	.89
	SUPEREGO SCALES	3.93	1.05

Table 45. Frequency Distribution for the Ego Functioning Scale:

I. Reality Testing (Characteristic) (N = 30)

SCORE	FREQUENCY ABSOLUTE	FREQUENCY RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	2	6.7%
2.5	3	10.0%
3.0	1	3.3%
3.5	6	20.0%
4.0	6	20.0%
4.5	2	6.7%
5.0	3	10.0%
5.5	4	13.3%
6.0	3	10.0%
6.5	-	-
7.0	-	-
HIGH		

Table 46. Frequency Distribution for the Ego Functioning Scale:

I. Reality Testing (Current) (N = 30)

SCORE	FREQUENCY	
	ABSOLUTE	RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	2	6.7%
2.5	-	-
3.0	3	10.0%
3.5	4	13.3%
4.0	7	23.3%
4.5	3	10.0%
5.0	2	6.7%
5.5	4	13.3%
6.0	5	16.7%
6.5	-	-
7.0	-	-
HIGH		

Table 47. Frequency Distribution for the Ego Functioning Scale: II. Judgment (Characteristic) (N = 30)

SCORE	FREQUENCY ABSOLUTE	FREQUENCY RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	-	-
2.5	1	3.3%
3.0	6	20.0%
3.5	2	6.7%
4.0	4	13.3%
4.5	4	13.3%
5.0	6	20.0%
5.5	3	10.0%
6.0	4	13.3%
6.5	-	-
7.0	-	-
HIGH		

Table 48. Frequency Distribution for the Ego Functioning Scale:

II. Judgment (Current) (N-30)

SCORE	FREQUENCY	
	ABSOLUTE	RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	-	-
2.5	-	-
3.0	3	10.0%
3.5	5	16.7%
4.0	3	10.0%
4.5	2	6.7%
5.0	7	23.3%
5.5	5	16.7%
6.0	5	16.7%
6.5	-	-
7.0	-	-
HIGH		

Table 49. Frequency Distribution for the Ego Functioning Scale: III. Sense of Reality (Characteristic) (N = 30)

SCORE	FREQUENCY ABSOLUTE	FREQUENCY RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	2	6.7%
2.5	1	3.3%
3.0	5	16.7%
3.5	6	20.0%
4.0	2	6.7%
4.5	3	10.0%
5.0	6	20.0%
5.5	2	6.7%
6.0	3	10.0%
6.5	-	-
7.0	-	-
HIGH		

Table 50. Frequency Distribution for the Ego Functioning Scale:
III. Sense of Reality (Current) (N = 30)

SCORE	FREQUENCY ABSOLUTE	FREQUENCY RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	-	-
2.5	1	3.3%
3.0	5	16.7%
3.5	3	10.0%
4.0	6	20.0%
4.5	2	6.7%
5.0	4	13.3%
5.5	3	10.0%
6.0	6	20.0%
6.5	-	-
7.0	-	-
HIGH		

Table 51. Frequency Distribution for the Ego Functioning Scale: IV. Regulation and Control of Drives (Characteristic) (N = 30)

SCORE	FREQUENCY ABSOLUTE	FREQUENCY RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	1	3.3%
2.5	1	3.3%
3.0	3	10.0%
3.5	6	20.0%
4.0	7	23.3%
4.5	7	23.3%
5.0	3	10.0%
5.5	1	3.3%
6.0	1	3.3%
6.5	-	-
7.0	-	-
HIGH		

Table 52. Frequency Distribution for the Ego Functioning Scale:

IV. Regulation and Control of Drives (Current) (N = 30)

SCORE	FREQUENCY ABSOLUTE	 RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	-	-
2.5	1	3.3%
3.0	3	10.0%
3.5	2	6.7%
4.0	9	30.0%
4.5	4	13.3%
5.0	8	26.7%
5.5	1	3.3%
6.0	2	6.7%
6.5	-	-
7.0	-	-
HIGH		

Table 53. Frequency Distribution for the Ego Functioning Scale: V. Object Relations (Characteristic) (N = 30)

SCORE	FREQUENCY ABSOLUTE	 RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	-	-
2.5	-	-
3.0	11	36.7%
3.5	8	26.7%
4.0	3	10.0%
4.5	4	13.3%
5.0	3	10.0%
5.5	1	3.3%
6.0	-	-
6.5	-	-
7.0	-	-
HIGH		

Table 54. Frequency Distribution for the Ego Functioning Scale:
V. Object Relations (Current) (N = 30)

SCORE	FREQUENCY ABSOLUTE	 RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	-	-
2.5	-	-
3.0	10	33.3%
3.5	5	16.7%
4.0	4	13.3%
4.5	6	20.0%
5.0	3	10.0%
5.5	2	6.7%
6.0	-	-
6.5	-	-
7.0	-	-
HIGH		

Table 55. Frequency Distribution for the Ego Functioning Scale:
VI. Thought Processes (Characteristic) (N = 30)

SCORE	FREQUENCY ABSOLUTE	 RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	-	-
2.5	2	6.7%
3.0	3	10.0%
3.5	-	-
4.0	-	-
4.5	8	26.7%
5.0	6	20.0%
5.5	6	20.0%
6.0	5	16.7%
6.5	-	-
7.0	-	-
HIGH		

Table 56. Frequency Distribution for the Ego Functioning Scale: VI. Thought Processes (Current) (N = 30)

SCORE	FREQUENCY	
	ABSOLUTE	RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	-	-
2.5	-	-
3.0	4	13.3%
3.5	1	3.3%
4.0	-	-
4.5	5	16.7%
5.0	8	26.7%
5.5	3	10.0%
6.0	8	26.7%
6.5	1	3.3%
7.0	-	-
HIGH		

Table 57. Frequency Distribution for the Ego Functioning Scale:

VII. ARISE (Characteristic) (N = 30)

SCORE	FREQUENCY	
	ABSOLUTE	RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	-	-
2.5	2	6.7%
3.0	4	13.3%
3.5	5	16.7%
4.0	10	33.3%
4.5	5	16.7%
5.0	3	10.0%
5.5	-	-
6.0	1	3.3%
6.5	-	-
7.0	-	-
HIGH		

Table 58. Frequency Distribution for the Ego Functioning Scale: VII. ARISE (Current) (N = 30)

SCORE	FREQUENCY	
	ABSOLUTE	RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	-	-
2.5	1	3.3%
3.0	4	13.3%
3.5	6	20.0%
4.0	9	30.0%
4.5	3	10.0%
5.0	5	16.7%
5.5	1	3.3%
6.0	1	3.3%
6.5	-	-
7.0	-	-
HIGH		

Table 59. Frequency Distribution for the Ego Functioning Scale:
VIII. Defensive Functioning (Characteristic) (N = 30)

SCORE	FREQUENCY ABSOLUTE	 RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	3	10.0%
2.5	1	3.3%
3.0	8	26.7%
3.5	4	13.3%
4.0	2	6.7%
4.5	2	6.7%
5.0	6	20.0%
5.5	4	13.3%
6.0	-	-
6.5	-	-
7.0	-	-
HIGH		

Table 60. Frequency Distribution for the Ego Functioning Scale: VIII. Defensive Functioning (Current) (N = 30)

SCORE	FREQUENCY	
	ABSOLUTE	RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	1	3.3%
2.5	2	6.7%
3.0	6	20.0%
3.5	4	13.3%
4.0	3	10.0%
4.5	2	6.7%
5.0	8	26.7%
5.5	1	3.3%
6.0	3	10.0%
6.5	-	-
7.0	-	-
HIGH		

Table 61. Frequency Distribution for the Ego Functioning Scale:

IX. Stimulus Barrier (Characteristic) (N = 30)

SCORE	FREQUENCY ABSOLUTE	 RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	-	-
2.5	2	6.7%
3.0	3	10.0%
3.5	1	3.3%
4.0	5	16.7%
4.5	6	20.0%
5.0	6	20.0%
5.5	3	10.0%
6.0	4	13.3%
6.5	-	-
7.0	-	-
HIGH		

Table 62. Frequency Distribution for the Ego Functioning Scale:

IX. Stimulus Barrier (Current) (N = 30)

SCORE	FREQUENCY ABSOLUTE	FREQUENCY RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	-	-
2.5	-	-
3.0	3	10.0%
3.5	3	10.0%
4.0	3	10.0%
4.5	7	23.3%
5.0	6	20.0%
5.5	3	10.0%
6.0	5	16.7%
6.5	-	-
7.0	-	-
HIGH		

Table 63. Frequency Distribution for the Ego Functioning Scale: X. Autonomous Functioning (Characteristic) (N = 30)

SCORE	FREQUENCY ABSOLUTE	FREQUENCY RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	1	3.3%
2.5	-	-
3.0	6	20.0%
3.5	2	6.7%
4.0	1	3.3%
4.5	6	20.0%
5.0	10	33.3%
5.5	3	10.0%
6.0	1	3.3%
6.5	-	-
7.0	-	-
HIGH		

Table 64. Frequency Distribution for the Ego Functioning Scale:

X. Autonomous Functioning (Current) (N = 30)

SCORE	FREQUENCY ABSOLUTE	 RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	-	-
2.5	1	3.3%
3.0	4	13.3%
3.5	2	6.7%
4.0	3	10.0%
4.5	2	6.7%
5.0	10	33.3%
5.5	6	20.0%
6.0	2	6.7%
6.5	-	-
7.0	-	-
HIGH		

Table 65. Frequency Distribution for the Ego Functioning Scale: XI. Synthetic-Integrative Functioning (Characteristic) (N = 30)

SCORE	FREQUENCY ABSOLUTE	FREQUENCY RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	-	-
2.5	-	-
3.0	3	10.0%
3.5	4	13.3%
4.0	4	13.3%
4.5	3	10.0%
5.0	14	46.7%
5.5	1	3.3%
6.0	1	3.3%
6.5	-	-
7.0	-	-
HIGH		

Table 66. Frequency Distribution for the Ego Functioning Scale:

XI. Synthetic-Integrative Functioning (Current) (N = 30)

SCORE	FREQUENCY ABSOLUTE	 RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	-	-
2.5	-	-
3.0	3	10.0%
3.5	2	6.7%
4.0	4	13.3%
4.5	2	6.7%
5.0	12	40.0%
5.5	6	20.0%
6.0	1	3.3%
6.5	-	-
7.0	-	-
HIGH		

Table 67. Frequency Distribution for the Ego Functioning Scale:

XII. Mastery-Competence (Characteristic) (N = 30)

SCORE	FREQUENCY ABSOLUTE	 RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	2	6.7%
2.5	-	-
3.0	4	13.3%
3.5	1	3.3%
4.0	10	33.3%
4.5	6	20.0%
5.0	6	20.0%
5.5	1	3.3%
6.0	-	-
6.5	-	-
7.0	-	-
HIGH		

Table 68. Frequency Distribution for the Ego Functioning Scale:

XII. Mastery-Competence (Current) (N = 30)

SCORE	FREQUENCY ABSOLUTE	 RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	1	3.3%
2.5	1	3.3%
3.0	4	13.3%
3.5	-	-
4.0	9	30.0%
4.5	6	20.0%
5.0	8	26.7%
5.5	-	-
6.0	1	3.3%
6.5	-	-
7.0	-	-
HIGH		

Table 69. Frequency Distribution for the Ego Functioning Scale: Superego Scale (Characteristic) (N = 30)

SCORE	FREQUENCY ABSOLUTE	FREQUENCY RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	1	3.3%
2.5	4	13.3%
3.0	9	30.0%
3.5	-	-
4.0	3	10.0%
4.5	5	16.7%
5.0	6	20.0%
5.5	2	6.7%
6.0	-	-
6.5	-	-
7.0	-	-
HIGH		

Table 70. Frequency Distribution for the Ego Functioning Scale: Superego Scale (Current) (N = 30)

SCORE	FREQUENCY ABSOLUTE	 RELATIVE
LOW		
.0	-	-
.5	-	-
1.0	-	-
1.5	-	-
2.0	-	-
2.5	2	6.7%
3.0	12	40.0%
3.5	1	3.3%
4.0	2	6.7%
4.5	2	6.7%
5.0	8	26.7%
5.5	3	10.0%
6.0	-	-
6.5	-	-
7.0	-	-
HIGH		

Table 71. Intercorrelations of the Characteristic Ego Functions

(N = 30)

	REALITY TESTING	JUDGMENT	SENSE OF REALITY	REGULATION & CONTROL OF DRIVES	OBJECT RELATIONS	THOUGHT PROCESSES	ARISE	DEFENSIVE FUNCTIONING	STIMULUS BARRIER	AUTONOMOUS FUNCTIONING	SYNTHETIC-INTEGRATIVE FUNCTIONING	MASTERY-COMPETENCE	SUPEREGO
REALITY TESTING													
JUDGMENT	.86												
SENSE OF REALITY	.86	.81											
REGULATION AND CONTROL OF DRIVES	.40	.41	.53										
OBJECT RELATIONS	.63	.67	.72	.48									
THOUGHT PROCESSES	.71	.67	.64	.46	.56								
ARISE	.51	.45	.51	.57	.59	.60							
DEFENSIVE FUNCTIONING	.55	.58	.68	.59	.84	.47	.54						
STIMULUS BARRIER	.25	.34	.55	.58	.35	.23	.33	.56					
AUTONOMOUS FUNCTIONING	.69	.80	.71	.58	.58	.74	.51	.54	.48				
SYNTHETIC-INTEGRATIVE FUNCTIONING	.70	.78	.74	.54	.57	.74	.68	.58	.43	.77			
MASTERY-COMPETENCE	.64	.70	.62	.45	.42	.64	.54	.37	.27	.56	.68		
SUPEREGO	.63	.65	.74	.50	.65	.35	.57	.73	.47	.44	.61	.53	

Note: Underlined values are significant at the .05 level.

Table 72. Intercorrelations of the Current Ego Functions (N = 30)

	REALITY TESTING	JUDGMENT	SENSE OF REALITY	REGULATION & CONTROL OF DRIVES	OBJECT RELATIONS	THOUGHT PROCESSES	ARISE	DEFENSIVE FUNCTIONING	STIMULUS BARRIER	AUTONOMOUS FUNCTIONING	SYNTHETIC-INTEGRATIVE FUNCTIONING	MASTERY-COMPETENCE	SUPEREGO
REALITY TESTING													
JUDGMENT	.82												
SENSE OF REALITY	.89	.78											
REGULATION AND CONTROL OF DRIVES	.48	.52	.60										
OBJECT RELATIONS	.57	.63	.69	.65									
THOUGHT PROCESSES	.73	.67	.63	.43	.61								
ARISE	.36	.40	.43	.48	.62	.60							
DEFENSIVE FUNCTIONING	.50	.46	.67	.67	.79	.50	.55						
STIMULUS BARRIER	.27	.35	.51	.50	.35	.18	.28	.55					
AUTONOMOUS FUNCTIONING	.70	.78	.69	.63	.55	.70	.4[illegible]	.52	.44				
SYNTHETIC-INTEGRATIVE FUNCTIONING	.70	.78	.74	.55	.58	.68	.56	.62	.47	.76			
MASTERY-COMPETENCE	.62	.67	.59	.33	.35	.49	.37	.28	.20	.56	.66		
SUPEREGO	.61	.59	.73	.45	.52	.41	.52	.64	.40	.37	.62	.49	

Note: Underlined values are significant at the .05 level.

Table 73. Summary of Discriminant Function Analysis for those Items of the Ego Functioning Scale Which were Significant Predictors of Employment Status (N = 30)

ITEM	WILKS' LAMBDA	SIG.	RAO'S V	SIG.	CHANGE IN V	SIG.
Autonomous Functioning (Current)	.70	.002	11.89	.001	11.89	.001
ARISE (Current)	.63	.002	16.14	.001	4.25	.039

Table 74. Classification Results of Discriminant Function Analysis for those Items on the Ego Functioning Scale which were Significant Predictors of Employment Status (N = 30)

EMPLOYMENT STATUS	N CASES	PREDICTED GROUP MEMBERSHIP UNEMPLOYED	EMPLOYED
Unemployed	45	40 88.9%	5 11.1%
Employed	29	17 58.6%	12 41.4%
Percent of cases correctly classified			70.27%

Table 75. Correlation Matrix of the Characteristic Ego Functions and the Career Maturity Inventory (N = 30)

	ATTITUDE SCALE	KNOWING YOURSELF	KNOWING ABOUT JOBS	CHOOSING A JOB	LOOKING AHEAD	WHAT SHOULD THEY DO
REALITY TESTING	.29	.31	.25	.19	.38	.30
JUDGMENT	.14	.17	.29	.02	.32	.19
SENSE OF REALITY	.29	.25	.20	.19	.20	.10
REGULATION AND CONTROL OF DRIVES	-.04	.21	.49	.24	.31	.26
OBJECT RELATIONS	.15	.20	.32	.11	.21	.23
THOUGHT PROCESSES	.25	.36	.31	.06	.39	.39
ARISE	.23	.45	.38	.14	.38	.32
DEFENSIVE FUNCTIONING	.12	.22	.29	.08	.08	.43
STIMULUS BARRIER	.06	.17	.06	-.04	-.22	.02
AUTONOMOUS FUNCTIONING	-.01	.22	.18	-.05	.21	.24
SYNTHETIC-INTEGRATIVE FUNCTIONING	.09	.33	.19	-.08	.25	.31
MASTERY-COMPETENCE	.24	.30	.33	.16	.69	.29
SUPEREGO	.16	.22	.14	.25	.30	.12

Note: Underlined values are significant at the .05 level.

Table 76. Correlation Matrix of the Current Ego Functions and the Career Maturity Inventory (N = 30)

	ATTITUDE SCALE	KNOWING YOURSELF	KNOWING ABOUT JOBS	CHOOSING A JOB	LOOKING AHEAD	WHAT SHOULD THEY DO
REALITY TESTING	.29	.25	.21	.15	.35	.24
JUDGMENT	.06	.10	.34	.05	.42	.22
SENSE OF REALITY	.29	.29	.25	.14	.18	.22
REGULATION AND CONTROL OF DRIVES	-.07	.02	.47	.20	.32	.29
OBJECT RELATIONS	.15	.12	.30	.12	.24	.41
THOUGHT PROCESSES	.23	.33	.33	.08	.39	.54
ARISE	.25	.44	.45	.19	.41	.32
DEFENSIVE FUNCTIONING	.07	.23	.26	.06	.08	.38
STIMULUS BARRIER	-.01	.12	.09	-.01	-.21	.00
AUTONOMOUS FUNCTIONING	.03	.27	.15	-.08	.26	.22
SYNTHETIC-INTEGRATIVE FUNCTIONING	.04	.29	.27	-.04	.34	.50
MASTERY-COMPETENCE	.26	.24	.32	.29	.69	.16
SUPEREGO	.16	.23	.51	.22	.33	.16

Note: Underlined values are significant at the .05 level.

decision-making scale (Choosing a Job).

6. Correlations between the Characteristic and Current Ego Function Scales and the Katz Social Adjustment Scale are reported in Tables 37 and 38, respectively. Significant correlations were found between the Synthetic-Integrative Functioning Scale (characteristic level of functioning) and both the Leisure Time Activities Scale and Katz Total Score. The Reality Testing Scale (current level of functioning) also correlates significantly with the Katz Total Score. Tables 39, 40, 41, and 42 report correlations of the individual Katz items (both ADL and LTA Scales) and the Characteristic and Current Ego Functioning Scales. Results in Table 39 indicate that the work item correlates significantly with the following characteristic ego functions: Judgment; Sense of Reality; Autonomous Functioning; and Synthetic-Integrative Functioning.

7. Tables 29 and 30 give the correlations between the Characteristic and Current Ego Function Scales and the SCL-90 subscales. Both the Characteristic and Current Autonomous Functioning and Stimulus Barrier Scales are negatively correlated (.05) with many of the subscales of the SCL-90, indicating a relationship between symptom level and level of ego functioning.

8. No significant correlations were found between the Characteristic and Current Ego Function Scales and employment status as measured by total number of weeks worked in the past six months (See Tables 77 and 78).

Table 77. Correlation of the Characteristic Ego Functions and Employment Status (N = 30)

	TOTAL NUMBER OF WEEKS WORKED IN THE PAST SIX MONTHS
REALITY TESTING	.11
JUDGMENT	.29
SENSE OF REALITY	.01
REGULATION AND CONTROL OF DRIVES	.29
OBJECT RELATIONS	.01
THOUGHT PROCESSES	.10
ARISE	.09
DEFENSIVE FUNCTIONING	-.03
STIMULUS BARRIER	-.13
AUTONOMOUS FUNCTIONING	.32
SYNTHETIC-INTEGRATIVE FUNCTIONING	.05
MASTERY-COMPETENCE	.39
SUPEREGO	.25

Table 78. Correlation of the Current Ego Functions and Employment Status (N = 30)

	TOTAL NUMBER OF WEEKS WORKED IN THE PAST SIX MONTHS
REALITY TESTING	.00
JUDGMENT	.32
SENSE OF REALITY	.03
REGULATION AND CONTROL OF DRIVES	.23
OBJECT RELATIONS	-.03
THOUGHT PROCESSES	.02
ARISE	.16
DEFENSIVE FUNCTIONING	-.11
STIMULUS BARRIER	-.13
AUTONOMOUS FUNCTIONING	.28
SYNTHETIC-INTEGRATIVE FUNCTIONING	.18
MASTERY-COMPETENCE	.36
SUPEREGO	.31

D. INTERPRETATION AND DISCUSSION OF FINDINGS

The findings of the Longitudinal Vocational Assessment Study have been described in detail in the previous section. Several of these results are particularly important in developing successful rehabilitation programs, and designing a reliable and valid vocational assessment strategy for the chronically mentally ill. A preliminary discussion of these findings follows in the sections below. More complete interpretations of the results of this project will be submitted to professional journals during the next year.

Reliability

The Rosenberg Self-Esteem Scale was the only instrument in the 1980 Vocational Assessment Project which proved to be unreliable with a psychiatrically disabled population. The Kuder Richardson reliability coefficient was .152. In a second attempt to establish a reliable self-esteem measure for this population, six newly-constructed items were added to the original ten items in an effort to discriminate various levels of low self-esteem and counteract a floor effect. This resulted in a Kuder Richardson reliability coefficient of .359, which is still a low estimate of internal consistency. By deleting five of the least reliable items, the reliability coefficient was raised to .887. This indicates a high level of internal consistency and reliability for the Modified Rosenberg Self-Esteem Scale as used to measure self-esteem in a psychiatrically disabled population.

Validity

The Work Related Activities Scale was found in the 1980 Vocational Assessment Project to be significantly correlated with employment status as measured by current employment at the time of the interview. Those who were more involved in vocational behaviors such as applying for job training, attending school, or talking about work were significantly more likely to be employed than unemployed. Since this motivational measure seemed to have predictive value, the current study attempted to establish its predictive validity. Results of a discriminant function analysis show the Work Related Activities Scale to be a significant predictor of employment status as measured by employment six months later. It was also found that this scale was a slightly better predictor of current unemployment than employment. This suggests that the Work Related Activities Scale may be more useful in identifying those individuals ready for pre-vocational rather than vocational programs. Through an item analysis, it may be possible to increase the predictive value of this instrument by using as predictors, those items which significantly correlate with employment status. There was no relationship found between the total number of Work Related Activities and employment status as measured by the number of weeks worked in the past six months. This may be due to the redefinition of the dependent variable. Again, an item analysis may indicate that some items are related to the number of weeks worked in the past six months.

The instrument that had the greatest predictive potential in the 1980 Vocational Assessment Project was the Katz Social Adjustment Scale. It correctly classified 96.6% of the subjects as being employed or unemployed at the time of the assessment. The current study attempted to establish the predictive validity of the Katz. A discriminant function analysis was performed for both 1980 and 1981 administrations of the instrument. Results yielded numerous items for each administration of the Katz which were significant predictors of employment status, as measured by current employment at the time of the 1981 interview. The original (1980) administration correctly classified 85.14% of the subjects as employed or unemployed; the current (1981) administration correctly classified 81.08% of the subjects. In both cases, the Katz was found to be a better predictor of unemployment rather than employment. The 1981 administration correctly classified 100% of the unemployed cases. It follows that the Katz can be considered a valid predictor of employment status. In its measurement of general level of functioning, the Katz includes those activities which are associated with living in a normal adult world. Many of these are the prerequisites of employment. The Katz appears to have value in helping to determine when a person is ready to work and as a measure of rehabilitation potential.

A significant negative correlation was found between the Leisure Time Activities scale and employment status, as measured by the number of weeks worked in the past six months. As would be expected, unemployed clients have more leisure time than employed clients, thus increasing their availability for activities other than work.

The Activities of Daily Living scale and Katz Total Score were found to be significantly related to the Modified Rosenberg Self-Esteem Scale, suggesting that clients with high self-esteem are more likely to be functioning at a higher level than those with low self-esteem. This implies that higher levels of functioning have positive effects on self-esteem.

A negative relationship between the majority of the SCL-90 subscales and both the Katz Activities of Daily Living and Total Score implies that high symptom level is generally characteristic of a low level of functioning. Highly distressed clients are likely to have difficulty functioning effectively in a daily routine. It was also found that the Leisure Time Activities and Katz Total Score were significantly related to the Synthetic-Integrative Ego Functioning Scale. Clients functioning at a higher level are likely to be more consistent and integrated in their thinking, feeling, and behavior. In addition, the Katz Total Score was found to be related to Reality Testing, suggesting that higher functioning individuals have a clearer awareness of and orientation to what is happening in the world around them. These relationships among the Katz, SCL-90, Modified Rosenberg Self-Esteem Scale and the Ego Functioning Scales support their concurrent validation. A significant negative correlation (.01 level) was found between all SCL-90 subscales and the Modified Rosenberg Self-Esteem Scale, indicating a strong relationship between symptom level and self-esteem and supporting the concurrent validity. Clients experiencing a high symptom level tended to have a very low self image. Therefore, psychiatric symptoms appear to have negative effects on self-esteem.

In the 1980 Vocational Assessment Project, all of the SCL-90 subscales were nonsignificant predictors of employment status, indicating a lack of predictive value for this instrument. The current study attempted to re-evaluate and establish the predictive validity of the SCL-90. A discriminant function analysis was performed for both 1980 and 1981 administrations in an effort to predict employment status six months later. Results indicate that neither administration of the SCL-90 successfully classified subjects as employed or unemployed, with the exception of the Paranoid Ideation (1981) subscale which was a significant predictor (.05 level). While it is apparent that an individual experiencing paranoid symptoms would be inhibited in his ability to work, in general, it appears that symptom level, as measured by the SCL-90, is not a valid predictor of employment status. Two subscales, Somatization and Hostility, were found to be negatively related to employment status as measured by the number of weeks worked in the past six months. This suggests that clients distrubed by high levels of bodily distress and clients experiencing high levels of aggression and hostility, are less likely to be working. A healthy physical condition and mental attitude are important prerequisites to effective performance in the world of work. Correlations between the SCL-90 subscales and Ego Functions show a significant relationship between symptom level and level of functioning; the higher an individual's symptom level, the lower his level of ego functioning. According to psychoanalytic theory, symptoms are often the result of the failure of the adaptive defense mechanisms of the ego. Therefore, the negative relationships among psychiatric symptoms and ego functioning has theoretical support and supports the concurrent validity of both instruments. However, for the most part, neither the ego functioning scales or the SCL-90 was related to employment status. Perhaps this is because some schizophrenic clients select occupations which are not effected by their symptoms or ego deficits. For instance, a night watchman with poor object relations and many symptoms on the interpersonal sensitivity scale of the SCL-90 may not experience vocational problems because his job does not require interpersonal skills and significant interaction with others. Therefore, in some instances, clients may adapt their work choices to their psychiatric problems and achieve successful vocational functioning.

As previously mentioned, none of the ego functioning scales were significantly related to employment status, as measured by total number of weeks worked in the past six months. There are several possible explanations for this finding. The one mentioned earlier speculated that some schizophrenic clients choose jobs which are compatible with their ego deficits. In such cases, clients with very low ego functioning profiles may be successfully employed. It seems that Bellak's Ego Functioning Scale could be a valuable measure if used to examine profiles, identify specific ego deficits and select functional work environments. It also appears that the chronicity of this sample of schizophrenic persons influenced performance on all of the ego functioning scales. The frequency distributions for both the characteristic and current levels of ego functioning show that the highest percentage of scores fell between 4.0 and 5.0. When compared to the mean scores reported by Bellak, et al. for the schizophrenic population used in standardizing the scale, the mean scores found in this study were lower and less varied than the mean scores for the sample used in the normative study. This reflects the fact that Bellak's sample consisted of acute schizophrenic inpatients, while the majority of clients interviewed in the present investigation were chronic outpatients attending a rehabilitation day program. Due to similarities in the status of different ego functions for chronic clients, ego functioning profiles for this group have a tendency to be flat. This suggests that chronicity tends to have a cumulative effect on virtually all ego functions. With almost all scales reflecting similar levels of ego impairment, individual scales would not be expected to be correlated significantly with the dependent variable. High scale-score intercorrelations also indicate that the ego functioning scales are not operating independently. This suggests that Bellak's Ego Function Scale may be reduced to several factors. Bellak (1973) identified four factors and labeled them as follows: integrative capacity; reality orientation; socialization; and adaptive thinking. An alternative way to analyze the present data would be to factor analyze the scales and correlate these factors to the variables of interest. This procedure may yield different results.

A third explanation for the non-significant relationship between the ego function scales and employment may be related to inter-rater reliability. The present study used one set of raters for the assessment of ego functions and each assessment was scored by a single rater. In Bellak's research project, several raters were used for each assessment and a mean rating was used in the data analyses. Bellak, et al. found a substantial degree of agreement among raters and judged the instrument to be reliable. Inter-rater reliability for the present study could be tested and improved by increasing the number of raters. Since reliability is a necessary pre-condition of validity, it follows that improved reliability may limit the validity of the ego functioning scales as they relate to employment status.

Several of the characteristic ego functioning scales (Judgment, Sense of Reality, Autonomous Functioning and Synthetic-Integrative Functioning) were significantly related to the work item on the Katz Social Adjustment Scale. This is an interesting finding since none of the ego functioning scales were significantly related to employment status, as measured by the total number of weeks worked in the past six months. In defining the dependent variable, employment status was operationalized as "paid employment". Perhaps clients defined work in a much broader sense when subjectively reporting frequency of work in response to the Katz item. If clients were including volunteer activities as work experience, for example, this difference in the operational definition of work could explain the discrepancy in the results.

Both the Autonomous Functioning and ARISE ego functioning scales were significant discriminators of current employment or unemployment. These two scales may prove to be useful measures of rehabilitation potential. Those clients whose habit patterns, learned skills and work habits were severely impaired were less likely to be working than clients whose autonomous functioning was not as disturbed. It was expected that impairment of autonomous functions such as language, attention, concentration, memory, motor function and intention would hinder the ability to perform work tasks effectively. Clients who had low scores on the ARISE ego functioning scale were also less likely to be working than clients who achieved high ratings on this scale. This can be explained by the fact that a low score is reflective of an inability to control one's fantasies in order to promote adaptive behavior. It is easy to see that disruptions in work performance are likely to occur if an individual gets extremely "carried away" by distressing or disabling fantasies. By contrast, a high score on the ARISE scale is indicative of an ability to adaptively engage in new ways of looking at things. It follows that an individual who is able to achieve new integrations would be more likely to be employed due to an ability to adjust to new work situations and to develop creative strategies for solving work problems. If further study confirms ARISE and autonomous ego functioning as important variables influencing vocational rehabilitation outcome, then they have important implications for assessing work readiness and divising appropriate interventions. Perhaps, vocational rehabilitation programs could be designed to improve these ego distrubances.

The concurrent validation of several of Bellak's ego functioning scales is supported by high correlations with all of the scales of the Career Maturity Inventory competence tests, with the exception of the decision-making scale (Choosing a Job). It was expected that a significant positive relationship would exist between career maturity and ego functioning, since many of the career maturity variables, which are measured by the Career Maturity Inventory (CMI), appear to be ego functions. Specifically, significant relationships were found between the following CMI and ego functioning scales: career information (Knowing about Jobs) and ARISE, Regulation and Control of Drives, and Superego; planning (Looking Ahead) and ARISE, Mastery-Competence, and Judgment; self-appraisal (Knowing Yourself) and ARISE; and problem solving (What Should They Do) and Defensive Functioning, Object Relations, Thought Processes, and Synthetic-Integrative Functioning. Since the ego functioning scales are used to assess the degree of impairment of abilities which are fundamental to daily living, and career competencies such as knowledge of career information, planning, self-appraisal and problem solving are learned in the course of daily activities and interactions with others, it is not surprising that level of ego functioning correlates positively with career competencies. This finding suggests that certain of the ego functioning scales may be useful as measures of career maturity. It is interesting that both instruments seem to be measuring career maturity which is theoretically (Super, Crites) related to work; however, neither instrument is significantly related to employment status. As Ciardiello (1981) has pointed out, this can be explained by the fact that the role of work for a psychiatrically disabled person may have a very different meaning than it does for the general population. Severely limited job opportunities due to a reluctance to hire schizophrenic persons restrict the range of occupational choices for this group. It seems likely that the importance of career maturity as a variable in the career choice process decreases when job opportunities are available on such a limited basis (Ciardiello, 1981). Perhaps a schizophrenic person who chooses to implement his or her self-concept through avocational roles such as leisure time activities while collecting disability benefits is in effect making a career-mature decision. An individual who makes an effort to satisfy personal interests while attempting to avoid the psychological stress of work (which poses a serious threat to mental health) may in fact be exhibiting judgment which is career mature.

E. CONCLUSIONS AND RECOMMENDATIONS

The findings of the Vocational Assessment Project have been helpful in understanding the vocational development of schizophrenic persons and suggest several ways that the vocational assessment process and rehabilitation programs could be improved.

Recommendations

1. The use of the Modified Rosenberg Self-Esteem Scale is recommended as a valid and reliable measure of self-esteem for a psychiatrically disabled population.

2. Self-esteem has proven to be an important variable in the rehabilitation process, correlating significantly with symptom level, level of functioning and level of ego functioning. Thus, its consideration is recommended in planning rehabilitation programs.

3. The Work Related Activities Scale is a valid and reliable measure of motivation which can be used to predict rehabilitation outcome and work readiness. This scale is recommended for us in identifying individuals ready for pre-vocational programs.

4. The Katz Social Adjustment Scale is a valid and reliable measure of level of functioning. It is recommended for use in the prediction of rehabilitation potential and work readiness.

5. The SCL-90 is not recommended as a predictor of rehabilitation outcome.

6. Bellak's Ego Functioning Scale is recommended for use in identifying specific ego deficits and selecting functional work environments for schizophrenic clients.

7. If further study confirms ARISE and autonomous ego functioning as important variables influencing vocational rehabilitation outcome, then these ego functioning scales may be used to assess work readiness and devise appropriate interventions. Vocational rehabilitation programs could be designed to improve these ego disturbances.

8. Several of Bellak's ego functioning scales are recommended as valid measures of career maturity for a chronically mentally ill population. Although career maturity is not related to employment status, it is related to other quality of life issues such as general level of functioning. Therefore, these scales may be important in the general rehabilitation process, especially in relation to improving functioning in other life roles.

Conclusions

The terms rehabilitation and education have been used interchangeably in this project. Because of the developmental lag experienced by the chronically mentally ill clients, rehabilitation is often part of a learning process.

Both Super's theory and prior research suggest that career maturity and self-esteem are important variables in the vocational education/rehabilitation process. The present research picked up where the Vocational Assessment Project left off and developed valid and reliable ways to measure the self-esteem and career maturity of the chronically mentally ill. Adequate instrumentation permitted an examination of the role of career maturity variables in the rehabilitation process. Self-esteem and career maturity were not found to be related to the employment status of severely psychiatrically disabled clients. These career maturity variables were related to the activities of daily living and leisure time activities. Because of the limited occupational options available to schizophrenic clients, perhaps their self-concepts are implemented in social and leisure roles rather than in vocational roles. If this is the case, perhaps the quality of life can still be improved for many chronically mentally ill persons by focusing on realistic decision-making, planning, self-appraisal, goal selection and providing esteem-building experiences.

F. DISSEMINATION AND IMPLEMENTATION

The project director, consultants and staff have been very involved in the local and national dissemination of the results of this vocational research through conferences and journal articles. This is a partial list of conferences:

-National Convention of the American Psychological Association, Los Angeles, California, August, 1981.

-National Convention of the American Personnel and Guidance Association, St. Louis, Missouri, April, 1981.

-International Association of Psycho-Social Rehabilitation Services, New York, New York, May, 1980.

-New Jersey American Personal and Guidance Association, Cherry Hill, New Jersey, April, 1981.

-New Jersey Psychiatric Rehabilitation Association, North Brunswick, New Jersey, June, 1980.

-New Jersey Department of Education, Division of Vocational Education and Career Planning, Occupational Resource Center, Edison, New Jersey, March 25 - 26, 1981.

Articles:

-Ciardiello, J.A. Job placement success of schizophrenic clients in sheltered workshop programs. Vocational Evaluation and Work Adjustment Bulletin, tentatively scheduled to be included in 14, 2, Fall, 1981.

-Ciardiello, J.A. Measurement of the motivation to work among psychiatrically disabled clients. Submitted for publication.

-Ciardiello, J.A. and Bingham, W.C. The career maturity of schizophrenic clients. Submitted to Rehabilitation Counseling Bulletin for publication.

In order to further disseminate project findings, copies of the final report will be sent to those individuals and groups who have cooperated in this project and other interested agencies. Articles using the results and implications of the study will continue to be written and submitted for publication to appropriate journals. Plans will be developed to sponsor training programs and workshops, and attend professional conferences to present the results of this project to others who are interested in the vocational rehabilitation/education of the chronically mentally ill.

The project director and consultants are directly involved in counselor education as faculty members in Counselor Education Programs at Rutgers and Penn State Universities. Students in Rutgers classes have already been involved as fieldwork interns interviewing clients and graduate classes developed one of the measurement instruments. This project will continue to be part of counselor education programs.

Since it was not possible to analyze all the data collected, analyses will continue over the next few years. This information will continue to be disseminated through articles, professional conferences and in-service training programs.

If the experiment to test a pilot vocational rehabilitation program is funded, the results of this study will be invaluable in constructing a model program.

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APPENDIX A

Name ______________________ **Date** ______________

Circle the response which best describes you.

1. I feel that I'm a person of worth, at least on an equal plane with others.

   1. strongly agree 2. agree 3. disagree 4. strongly disagree

2. I don't feel very likeable.

   1. strongly agree 2. agree 3. disagree 4. strongly disagree

3. I feel that I have a number of good qualities.

   1. strongly agree 2. agree 3. disagree 4. strongly disagree

4. When I compare myself to others, I feel inferior.

   1. strongly agree 2. agree 3. disagree 4. strongly disagree

5. All in all, I am inclined to feel that I am a failure.

   1. strongly agree 2. agree 3. disagree 4. strongly disagree

6. I am able to do things as well as most other people.

   1. strongly agree 2. agree 3. disagree 4. strongly disagree

7. I am unworthy of other people's attention.

   1. strongly agree 2. agree 3. disagree 4. strongly disagree

8. I could never be as competent as most people.

   1. strongly agree 2. agree 3. disagree 4. strongly disagree

9. I feel I do not have much to be proud of.

   1. strongly agree 2. agree 3. disagree 4. strongly disagree

10. I take a positive attitude toward myself.

    1. strongly agree 2. agree 3. disagree 4. strongly disagree

11. On the whole, I am satisfied with myself.

    1. strongly agree 2. agree 3. disagree 4. strongly disagree

12. I wish I could have more respect for myself.

    1. strongly agree 2. agree 3. disagree 4. strongly disagree

13. I feel extremely inadequate in most situations.

1. strongly agree 2. agree 3. disagree 4. strongly disagree

14. I certainly feel useless at times.

1. strongly agree 2. agree 3. disagree 4. strongly disagree

15. At times I think I am no good at all.

1. strongly agree 2. agree 3. disagree 4. strongly disagree

16. I don't think I'll ever amount to much.

1. strongly agree 2. agree 3. disagree 4. strongly disagree

SCL-90-R

INSTRUCTIONS

Below is a list of problems and complaints that people sometimes have. Read each carefully, and select one of the numbered descriptors that best describes HOW MUCH DISCOMFORT THAT PROBLEM HAS CAUSED YOU DURING THE PAST WEEK INCLUDING TODAY. Place that number in the open block to the right of the problem. Do not skip items, and print your number clearly. If you change your mind, erase your first number completely. Read the example below before beginning, and if you have any questions please ask the technician.

EXAMPLE

HOW MUCH WERE YOU DISTRESSED BY:

Ans.

EX. Body Aches 3

Descriptors

0 Not at all
1 A little bit
2 Moderately
3 Quite a bit
4 Extremely

HOW MUCH WERE YOU DISTRESSED BY:

Descriptors

0 Not at all
1 A little bit
2 Moderately
3 Quite a bit
4 Extremely

1. Headaches . . . . ____
2. Nervousness or shaking inside . . ____
3. Repeated unpleasant thoughts that won't leave your mind . . . ____
4. Faintness or dizziness . . . . . ____
5. Loss of sexual interest or pleasure . . . . ____
6. Feeling critical of others . . . ____
7. The idea that someone else can control your thoughts . . . . . . ____
8. Feeling others are to blame for most of your troubles . . . . . . ____
9. Trouble remembering things . . . ____
10. Worried about sloppiness or carelessness . . . . ____
11. Feeling easily annoyed or irritated . . . . ____
12. Pains in heart or chest . . . . . ____
13. Feeling afraid in open spaces or on the streets . . . . ____
14. Feeling low in energy or slowed down . . . . ____
15. Thoughts of ending your life . . ____
16. Hearing voices that other people do not hear . . . . ____
17. Trembling . . . . ____
18. Feeling that most people cannot be trusted . . . . ____
19. Poor appetite . . . . ____
20. Crying easily . . . . ____
21. Feeling shy or uneasy with the opposite sex . . . . ____
22. Feelings of being trapped or caught . . . . ____
23. Suddenly scared for no reason . ____
24. Temper outbursts that you could not control . . . . ____
25. Feeling afraid to go out of your house alone . . . . ____
26. Blaming yourself for things . . ____
27. Pains in lower back . . . . ____
28. Feeling blocked in getting things done . . . . ____
29. Feeling lonely . . . . ____
30. Feeling blue . . . . ____
31. Worrying too much about things. ____
32. Feeling no interest in things . ____
33. Feeling fearful . . . . ____
34. Your feelings being easily hurt ____
35. Other people being aware of your private thoughts ____

HOW MUCH WERE YOU DISTRESSED BY:

Descriptors
0 Not at all
1 A little bit
2 Moderately
3 Quite a bit
4 Extremely

36. Feeling others do not understand you or are unsympathetic . . . . ____
37. Feeling that people are unfriendly or dislike you . . . . ____
38. Having to do things very slowly to insure correctness . . . . . ____
39. Heart pounding or racing . . . . ____
40. Nausea or upset stomach . . . . ____
41. Feeling inferior to others . . . ____
42. Soreness of your muscles . . . ____
43. Feeling that you are watched or talked about by others . . . . . ____
44. Trouble falling asleep . . . . . ____
45. Having to check and doublecheck what you do . . . . ____
[illegible]. Difficulty making decisions. . . ____
47. Feeling afraid to travel on buses, subways, or trains . . . . ____
48. Trouble getting your breath . . ____
49. Hot or cold spells . . . . ____
50. Having to avoid certain things, places, or activities because they frighten you . . . . ____
51. Your mind going blank . . . . . ____
52. Numbness or tingling in parts of your body . . . . ____
53. A lump in your throat . . . . . ____
54. Feeling hopeless about the future . . . . ____
55. Trouble concentrating . . . . . ____
56. Feeling weak in parts of your body . . . . ____
[illegible]. Feeling tense or keyed up . . . ____
58. Heavy feelings in your arms or legs . . . . ____

HOW MUCH WERE YOU DISTRESSED BY:

Descriptors
0 Not at all
1 A little bi
2 Moderately
3 Quite a bit
4 Extremely

59. Thoughts of death or dying . . . . ____
60. Overeating . . . . ____
61. Feeling uneasy when people are watching or talking about you . . ____
62. Having thoughts that are not your own . . . . ____
63. Having urges to beat, injure or harm someone . . . . ____
64. Awakening in the early morning . . ____
65. Having to repeat the same actions such as touching, counting washing. . . . . ____
66. Sleep that is restless or disturbed . . . . ____
67. Having urges to break or smash things . . . . ____
68. Having ideas or beliefs that others do not share . . . . ____
69. Feeling very self-conscious with others . . . . ____
70. Feeling uneasy in crowds, such as shopping or at a movie . . . . ____
71. Feeling everything is an effort . ____
72. Spells of terror or panic . . . . ____
73. Feeling uncomfortable about eating or drinking in public. . . . . . . ____
74. Getting into frequent arguments . ____
75. Feeling nervous when you are left alone . . . . ____
76. Others not giving you proper credit for your achievements . . . ____
77. Feeling lonely even when you are with people . . . . ____
78. Feeling so restless you couldn't sit still . . . . ____
79. Feelings of worthlessness . . . . ____

HOW MUCH WERE YOU DISTRESSED BY:

Descriptors
0 Not at all
1 A little bit
2 Moderately
3 Quite a bit
4 Extremely

80. The feeling that something bad is going to happen to you . . . . . ____

81. Shouting or throwing things . . ____

82. Feeling afraid you will faint in public . . . . ____

83. Feeling that people will take advantage of you if you let them . . . . ____

84. Having thoughts about sex that bother you a lot . . . . ____

85. The idea that you should be punished for your sins . . . . . ____

HOW MUCH WERE YOU DISTRESSED BY:

Descriptor
0 Not at al
1 A little
2 Moderatel
3 Quite a b
4 Extremely

86. Thoughts and images of a frightening nature . . . .

87. The idea that something serious is wrong with your body . . . . .

88. Never feeling close to another person . . . .

89. Feelings of guilt . . . .

90. The idea that something is wrong with your mind . . . .

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FOLLOWING ARE THE PRINTED RAW SCORES ORGANIZED BY SYMPTOM

SOMATIZATION
 1     3     0     0     1     3     1     0     3     1     1     1
 BSESSIVE-COMPULSIVE
 4     4     4     3     3     3     3     1     3     3
INTERPERSONAL SENSITIVITY
 4     3     4     2     3     3     2     4     3
DEPRESSION
 0     3     2     0     3     4     4     2     4     0     3     4     4
ANXIETY
 3     1     2     4     3     4     4     4     4     1
HOSTILITY
 4     1     1     3     0     0
PHOBIC ANXIETY
 0     0     0     3     3     3     0
PARANOID IDEATION
 2     2     1     3     3     3
PSYCHOTICISM
 1     0     0     0     1     4     4     1     4     4
ADDITIONAL ITEMS
 0     1     3     3     3     0     4




***************SUBSCORES**************************

SOMATIZATION                                  1.25
 BSESSIVE-COMPULSIVE                          3.10
INTERPERSONAL SENSITIVITY                     3.11
DEPRESSION                                    2.54
ANXIETY                                       3.00
HOSTILITY                                     1.50
PHOBIC ANXIETY                                1.29
PARANOID IDEATION                             2.33
PSYCHOTICISM                                  1.90



*************GLOBAL SCORES************************

GLOBAL SEVERITY INDEX                         2.24
POSITIVE SYMPTOM DISTRESS INDEX               2.77
POSITIVE SYMPTOM TOTAL                       73.00


R;
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INSTRUCTIONS:

In order to better plan our work with you, we would like to know about your everyday activities and hobbies. On this page, Activities of Daily Living, please check one column for each activity.

On the next page, Leisure Time Activities, check one column indicating how often you engage in each activity and check column 4 if you would like to be doing more of the particular activity.

ACTIVITIES OF DAILY LIVING

	1 am not doing	2 am doing some	3 am doing regularly	0 does not apply
Help with household chores				
Visit friends				
Visit relatives				
Entertain friends at home				
Dress and take care of myself				
Help with the family budgeting				
Remember to do important things on time				
Get along with family members				
Go to parties and other social activities . . .				
[illegible] along with neighbors				
Help with family shopping				
Help in the care and training of children . . .				
Go to church				
Take up hobbies				
Work				
Support the family				

LEISURE TIME ACTIVITIES

	1 practically never	2 sometimes	3 frequently	0 does not apply	4 would like to do more of this
Work in and around house . . .	____	____	____	____	____
Work in garden or yard	____	____	____	____	____
Work on some hobby	____	____	____	____	____
Listen to the radio	____	____	____	____	____
Watch television	____	____	____	____	____
Write letters.	____	____	____	____	____
Go to the movies	____	____	____	____	____
Attend lectures, theater . . .	____	____	____	____	____
Attend club, lodge, other meetings	____	____	____	____	____
Shop	____	____	____	____	____
Take part in community or church work	____	____	____	____	____
Bowl or other sports	____	____	____	____	____
Play cards or other table games	____	____	____	____	____
Take rides	____	____	____	____	____
Visit friends	____	____	____	____	____
Entertain friends	____	____	____	____	____
Sew, crochet, or knit	____	____	____	____	____
Read	____	____	____	____	____
Go to the library	____	____	____	____	____
Just sit and think	____	____	____	____	____
Take courses at home	____	____	____	____	____
Go to school	____	____	____	____	____
Other (what?)	____	____	____	____	____

APPENDIX B

VRP #SREG-116

Assessment Follow-Up Study
Introduction to Extensive Vocational Interview

This survey is made up of a variety of questions that will help us to get to know you better. We feel that knowing what a person is all about is an important part of understanding his or her vocational development. Through your participation we will be able to relate this information to that obtained in the previous assessment.

The results in the form of a profile will be given to your staff worker who will meet with you to discuss how the information can be helpful to you; your staff worker will not receive your specific answers to the questions.

I am taping this interview so that I may conveniently record the information you are providing. All of the information you share will be confidential in the same way that your clinical record is confidential.

If you have any questions or need clarification on any part of the survey, please ask me to help you.

When you need to take a break, let me know.

I. REALITY TESTING

a 1. Do you ever have trouble deciding whether something really happened or if it was a dream?

a 2. Have you ever wondered if a thing only happened in your mind?

a,b 3. Have you ever been surprised to find that what you thought was going on really wasn't?

b 4. Do you sometimes feel that you see what you want to see rather than what's really there? Like an ostrich burying his head in the sand?

b 5. Do you ever read into other people's behavior things that really aren't there? Has anyone ever told you that you do this?

b 6. Do you have the feeling that you're out of touch? Is it important for you to be in touch with everything about you? (Or: Does it upset you when you don't know what's going on?)

b 7. Have you ever been confused about things? Have people ever told you you're confused about things? Do you get confused easily? Disoriented? (Time, place, people)

a,b, c 8. Have others ever told you that you're not with it? Out of step with the rest of the world? Do you think they're right?

b 9. Do people often misunderstand what you are trying to tell them?

a,b 10. Have you ever been told by people that what you say doesn't make sense? That your ideas are way off?

a 11. Have you ever been convinced of the reality of something even though everyone around you disagreed? Has this been about things you saw? heard? thought?

c 12. When you distort and misinterpret things, are you able to correct those notions?

a,c 13. Have you ever heard strange sounds in your ears that you couldn't account for on a physiological basis? Ever heard voices? What about visual experiences? In such cases, have you known that the voice (or whatever) couldn't be real even though it seemed real at the time?

a 14. Have you ever hallucinated?

c 15. How did you eventually find out that you had been hallucinating?

c 16. Do you pay attention to what goes on inside of you, like emotions, aches and pains? Possibly too much attention?

II. JUDGMENT

c 1. What are some of the things you've done which have shown poor judgment?

c 2. Do you care what other people think of you?

c 3. Have you ever felt awkward socially? Have you ever put your foot in your mouth or offended someone without intending to?

a,c 4. Are you good at sizing people up? At anticipating their responses to you?

c 5. Have you had the experience of being shocked or surprised that something you did had rubbed people the wrong way? Or when you thought you were being pleasant, you had actually annoyed someone or made him angry?

c,a 6. Do you ever find that you misjudge people?

a,b 7. Are you ever too trusting of people?

a 8. How do you go about making decisions? (Like taking a new job, quitting school, breaking up with a girlfriend/boyfriend, getting married?) Do you consider all the angles or do you act without thinking too long about things.

a 9. Are you a planner in that you think a lot about the consequences of what you might do? Do you have trouble estimating how long it would take or how much work is required in getting something done?

a,b 10. Are you an impulsive person? Are you careless with yourself or your health?

b 11. Are you a daredevil? Do you like to take chances? What if other people are involved?

a,b 12. Have you ever felt that you could get away with things that the average person couldn't? Like doing something risky that could get you into trouble? Like applying for a job for which you had no proper skills or training? Like speeding or driving without a license? If you get away with it, is it luck or something else?

b 13. Do you ever do dangerous things, like walking around the city at night (unaccompanied)? Opening your door to strangers before you know what they want? Riding in a car with defective brakes?

III. SENSE OF REALITY

a 1. Most people sometimes have the experience that things are happening that have happened before, like a déjà vu. Have you ever had this experience? Like you had been to a certain place before, or heard, thought, or said something, even though you knew it couldn't possibly be so? Did you wonder if it really happened or was just your imagination?

a 2. Do people and things around you sometimes feel unreal to you? As though they really weren't there, or couldn't have happened?

a 3. Do people and things sometimes look foggy or as though seen through a haze, or perhaps as though there were a glass wall between you and the rest of the world?

a 4. Have people and things ever looked closer or further away, larger or smaller than you know them actually to be?

b 5. Have you ever felt as though you were walking around in a trance?

b 6. Have you ever felt that you were not real?

b 7. Have you ever had strange feelings in various parts of your body that there was no physical explanation for? (As if electricity was going through you; as if your head, tongue, or some other part of your body was feeling much bigger or smaller than usual; as if some part of your body is changing shape; or as if you were literally physically empty or had a hole in your stomach?)

a 8. Have you ever had a physical subjective feeling or sensation as though the world were going to collapse or fall apart? As though you could cause it, for example, by some act, thought, dream?

c 9. Do you spend much time thinking about the question "Who am I?"

d 10. Have you ever had trouble feeling yourself to be a person separate and independent from other people?

c,d 11. Describe yourself.

c 12. Do you have special ways to make yourself feel good about yourself?

c 13. What kinds of things make you feel humiliated?

c,d 14. Are you more affected in your opinions about yourself if someone says you're great or if someone says you're doing terribly?

c,d 15. Can you tell me of any times when you feel important or good living through someone else's accomplishment? Because they are perhaps intelligent, good-looking, popular, or very successful? When they're not around, do you get depressed or feel generally bad?

d 16. Is it very important for you to feel as though you were in special communication with someone else? Feeling merged or fused together? Do you feel you can read someone's mind, or they yours? Have you ever believed you possessed a capacity for ESP?

a,b, c,d 17. Do you smoke pot or take other drugs? What kinds of feelings does this give you? Do they effect any of the things we've just discussed? Even after the effect of the drug has worn off?

IV. REGULATION AND CONTROL OF DRIVE, AFFECT, AND IMPULSE

a 1. Do you have a lot of drive to be physically active? Do you have to be on the go all the time? Or do you ever find it hard to get going?

a,b 2. Do you tend to be emotional and excitable about things, or are you relatively calm and detached? Do you consider yourself to be an undercontrolled or an overcontrolled person? What do other people think about you?

b 3. Do you ever have rapid changes in your mood -- going from high to low rather quickly?

b 4. Have other people ever told you that you were overdramatizing or overreacting to something?

a,b 5. Are you a defiant or rebellious person? Are you spiteful? Do you tend to be well behaved? Polite?

b 6. Are you a patient or impatient person?

b 7. If you don't get your way or what you want immediately, how do you react? Are you easily frustrated? Can you stand frustration for any length of time?

b 8. How well do you think you tolerate feelings of anxiety when there is no immediate way of getting rid of them? How do you get relief from anxiety?

a,b 9. Do you feel much inner pressure to act? Pressure to talk?

a 10. Do you find it hard to be frank and direct about the way you feel? About something you want?

a 11. Do you spend much time daydreaming about things you want or about things you'd like to be? Do you find daydreaming more pleasant or satisfying than reality?

a,b 12. What sort of things make you angry? How angry do you get?

  A. How are these feelings expressed? Do they come out directly or do you do something else with them? Think? Dream? Daydream?

  B. Do you argue? Throw things? Hit people? Ever wanted to kill someone?

  C. Do you think you control these feelings too well or not enough?

a,b 13. What sort of things make you sad, blue, depressed? Are you sad a lot or a little?

A. What do you do when you are feeling depressed?

B. Do you cry a lot? Ever wish you would die? Did you ever think about committing suicide? Ever actually try it?

C. How well or poorly do you think you control emotions like these?

a,b 14. A. What are the usual outlets for your sexual feelings? How frequently does this occur?

B. How often do you masturbate? Under what circumstances? Any fantasies?

C. In general, do you think a lot or a little about sex? Do you dream or daydream about sex? Do these thoughts or feelings ever worry you?

D. Under what circumstances have your sexual urges been stronger than is usual for you? Weaker?

E. Have you ever had the urge to do certain things sexually that you've thought it would be better not to do? Or that you would't dare do?

F. Do your sexual feelings ever get out of control? Or do you feel that you control them too much?

V. OBJECT RELATIONS

a,b c,d 1. What was your father like? Your mother? How was your home life? Your current home life?

a,b c,d 2. How do you get along with your girlfriend/spouse/boss/parent?

b 3. Have you discovered that no matter how hard you try to avoid them, the same difficulties crop up in most important relationships?

b 4. Do you keep getting involved with the same kind of person? Like even when you thought he/she was going to be different?

a,d 5. Do you generally prefer to be close to people or keep your distance? How do you feel most comfortable, with intense relationships or cool ones? Which kinds for which sorts of things?

a,d 6. Is it hard to get close? To stay close? What are the kinds of things that make you want to retain distance? In close relationships do you often reach a point where things are getting too intimate? So that you've wanted to or actually have broken it up?

a,d 7. Have you ever run away from or broken up a relationship for fear of getting hurt if you got too close? Or do you find it hard to let go even when things are going bad?

d 8. Did you ever feel that someone rejected you or a friend abandoned you?

d 9. How easily are your feelings hurt? Are you sensitive to criticism? To being left out of things? Do you often feel you've been rejected or abandoned?

a,d 10. Have you been hurt a lot in your life? Have you felt it's your fate to always be on the losing end? When you are hurt, do you have ways of trying or wishing to get back?

a,d 11. Have there ever been times in your life when you had to live alone? Or wanted very much to live alone? How do you feel when "X" (whomever patient lives with) is away for the weekend? Or longer?

a,d 12. Have you ever gone to a restaurant or movie alone?

c 13. How well do you understand other people? How well do they understand you?

c 14. Have you felt that things would be all right if only he/she/they would change?

c 15. Do you try to change the way people are and how they act so that they'd be the way you'd like them?

c 16. How do you get what you want from other people?

c 17. What kinds of things do you do to make people pay attention to you? (Life of the party, crying, temper, dressing well, etc.)

c 18. Do you enjoy exercising power over other people? Is that a secret pleasure?

a 19. Who handles what in your household? Like making major decisions. (Who's responsible for the caring of children? Who handles finances?) Who really runs things?

a 20. Who usually makes the initial approaches for sex, you or your girlfriend/boyfriend/spouse? Immediately after sex, what do you like to do?

a 21. Have you ever been involved in love affairs or involved sexually with more than one person at a time? Is this (or would this be) difficult for you to sustain emotionally, or dc you (or do you think you would) prefer it that way?

22. Do you play games like "cat and mouse" with people close to you?

VI. THOUGHT PROCESSES

a 1. Do you have trouble keeping your mind on what you're doing? For example, when reading a book or newspaper, do you find yourself being distracted by noises or find your attention wandering?

a 2. How well do you concentrate? Is it ever difficult for you? When? Do you ever find that you have so many thoughts racing through your mind that you can't concentrate on any particular thing?

a 3. Do you ever think of yourself as a forgetful person?

a 4. If you think as far back as you can, what's the earliest thing you remember? What are the most significant things you remember about your early years?

a,b 5. Are you ever troubled by thoughts that seem to stick in your mind so that you can't get rid of them? Do they ever seem to run on by themselves without your control? Tell me about them. What ideas do you have about how they got there?

b 6. Do you ever have thoughts that you think others would not understand? Tell me about them.

b 7. What's foolish, or does not make good sense, about these:

A. They put a cake of ice on the stove to keep it from melting.

B. As he crossed the finish-line ahead of his rivals, he saw them still running in front of him.

a,b 8. What are these sayings supposed to mean?

A. You catch more flies with honey than with vinegar.

B. Strike while the iron is hot.

9. In what way are an orange and a banana alike? A coat and a dress? An axe and a saw? A dog and a lion? North and West? Eye and Ear? Air and Water? A table and a chair? An egg and a seed? A poem and statue? Wood and alcohol? Praise and punishment? A fly and a tree?

VII. ARISE

a,b 1. What do you do when you're alone and have nothing to do?

a,b 2. Do you daydream? What about? Are they more like fantasies, or do they involve thoughts and plans about actual things you may be doing?

a,b 3. Describe one of the most creative ideas you've ever had.

a 4. Are you ever able to let go and think strange and "nutty" thoughts without being upset or frightened? Describe one of the wildest, most fantastic ideas you've ever had. Do you ever get so carried away by your own ideas that it's hard to come back "down to earth"?

a,b 5. What is one of the most creative things you've ever done? What is the most spontaneous thing you've ever done? Are you generally spontaneous?

a,b 6. When you listen to the kind of music you enjoy, what's it like? What about art? Poetry? Literature? Making things? Inventing things?

7. Do you like to cook? Do you usually follow recipes or do you prefer making things up as you go along?

VIII. DEFENSIVE FUNCTIONING

b 1. Do things easily upset you? Which things? Do you ever feel restless or jumpy and not know why? How long do these feelings last? Do you have any special ways of getting rid of such feelings?

b 2. Are you an anxious person? Describe your feelings.

b 3. Do you feel you have ways to protect yourself from too many worries and anxieties?

b 4. Have you ever felt that you were falling apart? Rocky? Cracking up?

a 5. When things throw you, how well are you able to pull yourself together afterwards?

a 6. Do you ever find that you don't catch on to jokes that everyone around you is laughing at? Or that you miss the point of things?

b 7. Do you ever have strange or frightening thoughts? Nightmares? Tell me about them.

a 8. Do you have any special fears? Like claustrophobia, fear of travel, fear of crowds?

a 9. Have you ever been concerned about what other people are saying about you?

IX. STIMULUS BARRIER

a 1. Are you especially sensitive to anything like light, sound, or temperature?

b 2. Have you ever been irritable or jumpy when there's too much noise around you?

b 3. What do you do if you are bothered (by the above)? Accept it? Grin and bear it? React in some way to show how uncomfortable you are? Tune it out yet still not leave the scene?

b 4. Do you ever seek solitude when outside irritants get to be too much?

b 5. Do you ever feel like "jumping out of your skin" if things get too much for you?

a 6. Do you have particularly sensitive skin? Any itching that nobody found a satisfactory explanation for?

a,b 7. How long does it usually take you to fall asleep? What seems to keep you up? Anything like light or sound or things outside of yourself?

a,b 8. Are you easily awakened by traffic noises? Lights if the shades aren't down all the way? Any other sleep problems?

a,b 9. (For women) Just before your menstral periods, do you ever feel particularly bad? (Tense, depressed, irritable?) What do you do about it? (Go about your business? Stay in bed? Keep away from people as much as possible?)

a,b 10. Are you sick often? Can you feel an illness coming on, or does it usually get pretty advanced before you realize that you are sick?

a,b 11. Do you get headaches often? What brings them on?

a 12. Have you ever been regarded as the "Princess on the Pea" (or male equivalent) — extremely sensitive, fragile, delicate, to be treated with kid gloves?

a 13. Do you get bored when things aren't exciting enough? Does excitement rattle you?

a,b 14. After being in some peaceful state (like being away in a quiet place, as for a weekend or a vacation) how do you feel getting back to the pace, din, noise of everyday life?

X. AUTONOMOUS FUNCTIONING

a 1. Does reading ever make you tense? Have you ever had trouble with hearing or vision that you know is not caused by any physical illness or defect? When you are upset or excited, do you forget things that are ordinarily easy to remember?

a 2. Do you ever get tongue-tied? Does your speech ever get garbled when you are self-consious or embarrassed?

a 3. Are you physically awkward? Is this generally true or only in special situations?

a,b 4. Have you ever had trouble with routine things, like getting dressed, walking down steps, or carrying on with your usual work routine?

a 5. Do you ever get lost in the middle of what you're doing so that you have to stop and think about what the next step is?

a,b 6. How is your energy or drive level? Have you ever felt so lacking in energy that you couldn't carry through with things that you ordinarily do? Have you ever had any work blocks?

b 7. Is it hard to get going on something that you want to do? Are you at all lazy? About what sort of things?

b 8. When you get some free or leisure time, do you get to carry out the things you had just thought about when you were too busy or do you procrastinate?

XI. SYNTHETIC-INTEGRATIVE FUNCTIONING

b 1. Can you adapt easily to change or does it throw you out of gear? Like changes in your usual routine, or where you suddenly have to change plans?

a,b 2. When you're busy doing one thing and then something else comes up that needs to be done, can you continue doing what you were originally doing? Can you do both at once?

a 3. Do you think it's only possible to do one major thing well? For instance, can a person be both a leader and a follower? A student and a teacher? Can you imagine being both a leader and a follower yourself?

a 4. (For women) Can you imagine (How do you find) being a mother and holding down some job? How might you accomplish this?

a 5. (For men) Can you imagine being in charge of things at home but mostly following instructions at work? Can a man really be both ways? How might you accomplish this?

a 6. Can you imagine a serious job being fun, or do you think that work is work and play is play?

a 7. Do you often find yourself doing or saying things that seem very unlike you? When you don't really feel or act like yourself? Do you feel surprised?

b 8. How well organized are you in your daily life? What sorts of things disorganize you?

b 9. Do you like to live from day to day or do you prefer planning for the future? To what extent?

b 10. Are you bothered by having bits and pieces or loose ends around? To what extent do you need to tie things together and how well are you able to do this? How well can you stand things being left undone and up in the air?

XII. MASTERY AND COMPETENCE

a 1. Do you function as well as you believe you are capable of functioning? If not, what do you think gets in the way?

a 2. Do you feel that you generally stay on top of things? Do you like to be in charge of things?

a,b 3. Do you live up to your own expectations of yourself? Have you ever felt that you could make more of yourself and your life than you have thus far?

b 4. Do you ever feel that you are missing out on life? Why do you think this is so?

b 5. Do you feel very much at the mercy of events, or do you feel that you are master of your own fate? Do you feel that you could effectively alter your life or influence the people around you to get what you want and need?

SUPEREGO QUESTIONS

1. Does your conscience bother you a lot or a little? Are you strict with yourself or lenient?

2. Do you feel guilty a lot or a little? Do you sometimes feel guilty about things that you know aren't your fault?

3. Do you often stew over something you have said or done and wished you had not said or done it?

4. How often do you get feelings of unworthiness or of being just no good?

5. What are your expectations of how you ought to be? Are you a person who expects too much of yourself? Too little? Do you live up to the expectations of your parents?

6. Are you particularly concerned about the meaning of right and wrong? Whether a thing is moral, ethical, proper?

7. Do you think people are generally responsible?

8. Do you believe our society permits too much or too little sexual expression? What about expression of angry feelings?

9. To what extent would you be willing to step on others' toes to achieve something really important?

SCORING GUIDE FOR THE CLINICAL ASSESSMENT OF EGO FUNCTIONS

I. The interviewer should focus on the following for each ego function (and component factor):

(1) the current status of the function being rated

(2) the characteristic level of adaptation-maladaptation

(3) the highest possible level of functioning

(4) the lowest possible level of functioning

II. The interviewer should obtain the following information for the twelve ego functions and their components:

(1) when the person began to have trouble with respect to the function and what level of development was reached prior to illness

(2) to what extent the difficulties interfered with adaptation

(3) how long the interference lasted

(4) how often it tended to recur

(5) how easily the person recovered after a disturbance

III. Factors for the interviewer to keep in mind in making the final assessment:

(1) congruence between degree of actual disruption in behavior at any level of functioning and the degree of disturbance reported as such

(2) distinctions between acute, in remission and chronic (for any scale it is important to note whether the evidence for some given item of pathology is observed only currently or whether it has been noted throughout the life history)

I. REALITY TESTING

The most maladaptive end of the Reality Testing Scale includes those disturbances involving delusions, hallucinations and severe disturbances in orientation with regard to time, place and person. Stops 2 and 3 represent transitional states between hallucinations and optimal perception in which disturbances become less severe, less pervasive and less frequent. Stops 4 and 5 include less pathological forms of inadequate reality testing described in stops 1 and 3. Optimal reality testing is defined along these dimensions as sharp, automatic and flexible. Social contexts and norms will always be relevant in assessing this ego function.

Client ______________________

Rater ______________________

Date ______________________

I. REALITY TESTING

a. Distinction between inner and outer stimuli
Char ☐
Cur ☐

b. Accuracy of perception
Char ☐
Cur ☐

c. Reflective awareness and inner reality testing
Char ☐
Cur ☐

LEVEL OF FUNCTIONING	
LOWEST	
HIGHEST	
CHARACTERISTIC	
CURRENT	

II. JUDGEMENT

Anticipation of consequence and appropriateness of behavior are the central dimensions for judgement. Activity based on poor judgement will get a more maladaptive rating than either poor evaluations made short of action or poorly contemplated future activity. At the maladaptive end of the scale, there is no conscious knowledge of actual dangers inherent in dangerous situations. Toward the middle of the scale, the client may be aware of consequences of extreme dangers but not of more moderate ones. Ratings would tend toward the maladaptive end when behavior is congruent with extremely poor anticipations of its consequences, and would tend toward the adaptive end if behavior were appropriate despite poor anticipations. Degree of repetition of behavior involving defective judgement must be assessed.

Client ______________________

Rater ______________________

Date ______________________

II. JUDGMENT

a. Anticipation of consequences	Char	
	Cur	
b. Manifest in behavior	Char	
	Cur	
c. Emotional appropriateness	Char	
	Cur	

LEVEL OF FUNCTIONING	
LOWEST	
HIGHEST	
CHARACTERISTIC	
CURRENT	

III. SENSE OF REALITY

On the optimally adaptive end this scale refers to one's unique, dynamic wholeness, defined by clearly delimited self boundaries from other people and the general physical and social environment. Disturbances in the sense of one's self as it relates to the outside world must be assessed.

Client ____________________

Rater ____________________

Date ____________________

III. SENSE OF REALITY

a. Extent of derealization	Char	
	Cur	
b. Extent of depersonalization	Char	
	Cur	
c. Self identity and self esteem	Char	
	Cur	
d. Clarity of boundaries between self and world	Char	
	Cur	

LEVEL OF FUNCTIONING	
LOWEST	
HIGHEST	
CHARACTERISTIC	
CURRENT	

IV. REGULATION AND CONTROL OF DRIVES, IMPULSES AND AFFECTS

This scale concerns itself with the ego aspects pertaining to adaptation; the way that drive, affect, and impulse are controlled relevant to environmental context. Degree of directness or sublimation is a relevant dimension for scaling regulation and control. At the optimally adaptive end of the scale, delaying and controlling mechanisms allow drive derivatives to be expressed in a modulated way, characterized by neither under nor overcontrol. Evidence here is from overt behavior, associated or indirect behavioral manifestations, fantasies and other ideation, dreams, and inferences made from symptoms, defenses, and controls.

Client __________________________

Rater __________________________

Date __________________________

IV. REGULATION AND CONTROL OF DRIVES, IMPULSES AND AFFECTS

a. Directness of impulse expression
Char ☐
Cur ☐

b. Effectiveness of delay mechanisms
Char ☐
Cur ☐

LEVEL OF FUNCTIONING	
LOWEST	
HIGHEST	
CHARACTERISTIC	
CURRENT	

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V. OBJECT RELATIONS

The most pathological extreme would be essentially an absence of relationships with people; next would be present relations based on early fixations, unresolved conflicts and very hostile sadomasochistic relationships. Optimal relations would be the most mature, relatively free of distortions and gratifying to adult libidinal, aggressive, and ego needs. To make global ratings, the rater is instructed to keep in mind the quality of the person's relationships to central and peripheral people. For more pathological adaptations the disturbances in object relations will be assumed to extend to a broader range of contacts than they would in the moderately maladaptive categories, where pathology might be limited to one or two significant relationships.

Client ____________________

Rater ____________________

Date ____________________

V. OBJECT RELATIONS

a. Degree and kind of relatedness	Char	
	Cur	
b. Primitivity — Maturity	Char	
	Cur	
c. Others perceived independently	Char	
	Cur	
d. Object constancy	Char	
	Cur	

LEVEL OF FUNCTIONING	
LOWEST	
HIGHEST	
CHARACTERISTIC	
CURRENT	

VRP #SREG-116

VI. THOUGHT PROCESSES

In addition to formal questioning, overall style of language and other communications to the interviewer will be determining factors in evaluating individuals on this ego function. The most maladaptive end of this scale involves gross disturbances in memory, concentration and attention; little or no conceptualization, generalization or use of abstract thinking; and a minimal ability to communicate verbally. At the optimally adaptive end of the scale recent and remote memory are excellent for all kinds of events; conceptual thinking is developed to its highest degree; and associations are meaningfully integrated into precise communications.

Client ______________________

Rater ______________________

Date ______________________

VI. THOUGHT PROCESSES

a. Memory, concentration, attention	Char	
	Cur	
b. Ability to conceptualize	Char	
	Cur	
c. Primary-secondary process	Char	
	Cur	

LEVEL OF FUNCTIONING	
LOWEST	
HIGHEST	
CHARACTERISTIC	
CURRENT	

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VII. ARISE

Adaptive regression in the service of the ego (ARISE) refers to the ability of the ego to initiate a partial, temporary and controlled lowering of its own functions in the furtherance of its interests. The most maladaptive end of this scale includes a primarily primitive or uncontrolled regression. In the middle it is very difficult to see the oscillating function or there is a general absence of regression in the context of overcontrolled defensiveness. The most adaptive end of the scale involves smoothly oscillating and flexibly controlled regressions in the service of new awareness and new integrations.

Client ______________________________

Rater ______________________________

Date ______________________________

VII. ADAPTIVE REGRESSION IN THE SERVICE OF THE EGO

a. Regressive relaxation of acuity	Char	
	Cur	
b. New configurations	Char	
	Cur	

LEVEL OF FUNCTIONING	
LOWEST	
HIGHEST	
CHARACTERISTIC	
CURRENT	

VIII. DEFENSIVE FUNCTIONING

Defensive functioning is a scale of measures employed to deal with disturbing elements of mental content, anxiety and intrapsychic conflict. The basis for ordering the scale is a dimensionalization of the efficacy of defensive functioning (rather than an attempt to order specific mechanisms along an adaptive continuum). The most maladaptive end of this scale includes defense mechanisms that reflect least adaptation or are most pathological. Degree of anxiety and panic is extreme. Stops 4 and 5 illustrate defenses as they are used in symptoms or compromises; stops 6 and 7 delineate circumstances where the defenses operate optimally to accomplish the most adaptive aims of the ego. In making the ratings, the rater is instructed to rely not only on the specific questions designed to tap defensive functioning, but on the person's style of responding to all questions throughout the interview.

Client ______________________

Rater ______________________

Date ______________________

VIII. DEFENSIVE FUNCTIONING

a. Presence of defensive indicators	Char	
	Cur	
b. Success and failure of defenses	Char	
	Cur	

LEVEL OF FUNCTIONING	
LOWEST	
HIGHEST	
CHARACTERISTIC	
CURRENT	

IX. STIMULUS BARRIER

Both thresholds and responses to stimuli contribute to adaptation by the organism's potential for responding to high, average or low sensory input. Thresholds (as described in component a) refer to reaction to external stimuli and to internal stimuli originating within the body but eventually impinging on sensory organs. Light, sound, temperature, pain, pressure, drugs and intoxicants are the stimuli to be considered relevant to assessing thresholds. Responses other than sensory threshold (component a) include motor responses, coping mechanisms, effects on sleep and mood (component b). This scale determines, in part, how a person readapts after the stress and impingements are no longer present.

Client ______________________

Rater ______________________

Date ______________________

IX. STIMULUS BARRIER

a. Threshold for stimuli	Char	
	Cur	
b. Coping success	Char	
	Cur	

LEVEL OF FUNCTIONING	
LOWEST	
HIGHEST	
CHARACTERISTIC	
CURRENT	

VRP #SREG-116

X. AUTONOMOUS FUNCTIONING

Habit patterns, skills, routines, hobbies, and interests comprise the focus of the scoring of autonomous functioning. Intrusion of conflict, ideation, affect and/or impulse upon functioning is a major criterion for determining impairment of either the primary or the secondary autonomy. The most maladaptive end of this scale includes an inability to concentrate or attend no matter how much effort is expended. Work habits and/or learned skills of any kind are severely hampered. At the most adaptive end of this scale attention, concentration, memory, perception and will function optimally. There is high resistance to intrusions from instinctual drives and environmental influences. Habits and skills are carried on with ease and flexibility despite inner and outer pressure.

Client ___________________________

Rater ___________________________

Date ___________________________

X. AUTONOMOUS FUNCTIONING

a. Degree of freedom from impairment of primary autonomy apparatuses	Char	
	Cur	
b. Degree of freedom from impairment of secondary autonomy	Char	
	Cur	

LEVEL OF FUNCTIONING
LOWEST
HIGHEST
CHARACTERISTIC
CURRENT

XI. SYNTHETIC-INTEGRATIVE FUNCTIONING

This scale concerns itself with the reconciliation of the often conflicting demands of the id, superego and outside world, as well as the incongruities within the ego. The focus of scoring is on the reconciling of areas that are in conflict and also on the extent of relating together areas that are not in conflict. At the extreme maladaptive end of this scale there may be a large discrepancy between affect display and behavior or thoughts, as well as rapid fluctuation of moods. The most adaptive end includes high, but flexible consistency and integration in thinking, feeling and behavior.

Client ______________________

Rater ______________________

Date ______________________

XI. SYNTHETIC INTEGRATIVE FUNCTIONING

a. Degree of reconciliation of incongruities	Char	
	Cur	
b. Degree of active relating together of events	Char	
	Cur	

LEVEL OF FUNCTIONING	
LOWEST	
HIGHEST	
CHARACTERISTIC	
CURRENT	

XII. MASTERY-COMPETENCE

There is no global rating for this scale. Each component must be rated separately in order to get a discrepancy score. Competence and sense of competence are scored separately, since a number of different relationships between the two are possible: (1) they may be congruent; (2) actual performance may exceed the sense of competence; (3) sense of competence may exceed mastery-competence. The discrepancy score is rated with a -, =, or +. Since this score is the degree of dependence and interaction between competence and sense of competence, it may be the best indicator of mastery-competence as a whole.

Client ______________________

Rater ______________________

Date ______________________

XII. MASTERY COMPETENCE

a. Actual competence
Char ☐
Cur ☐

b. Sense of competence
Char ☐
Cur ☐

c. Discrepancy between performance and self-feeling
Char ☐
Cur ☐

Discrepancy Score (–, +, or =.)
Competence _____
Sense of Competence _____
(Discrepancy) _____

LEVEL OF FUNCTIONING	
LOWEST	
HIGHEST	
CHARACTERISTIC	
CURRENT	

VRP #SREG-116

SUPEREGO SCALES

The most pathological extreme of the superego adaptation scale involves the highest degree of self-punishment for aggressive and libidinal drive expression. Guilt is predominantly unrealistically based. Ego's goals are excessively disproportionate to the individual's abilities. On the optimally adaptive end of this scale guilt feelings, if any, are realistically based and do not impede adaptation. Self-evaluation and sense of worth are based on reality-oriented self-observations. It is necessary to rate interference of the superego with ego functions, and also to evaluate the consistency-inconsistency dimension. Two 4-point scales are provided for these ratings. The overall superego rating should reflect the detailed ratings.

Client ____________________

Rater ____________________

Date ____________________

SUPEREGO SCALE

a. Guilt (self-directed punishment, unconscious sense of guilt, blame-avoidance, talion principle)	Char	
	Cur	
c. Ego ideal (self evaluation, sense of worth self-esteem regulation)	Char	
	Cur	

LEVEL OF FUNCTIONING	
LOWEST	
HIGHEST	
CHARACTERISTIC	
CURRENT	

SUPEREGO FACTORS

INTERFERENCE OF SUPEREGO FACTORS WITH EGO FUNCTIONS

Severe	Moderate	Mild	Negligible
1	2	3	4

CONSISTENCY OF SUPEREGO

Basis for Ratings:

Most Maladaptive	Tending Toward Maladaptive	Tending Toward Adaptive	Most Adaptive
1	2	3	4

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ID SCALES (DRIVE STRENGTH)

The two id scales differ from the ego function scales. These are scales of drive strength, not ego adaptation. Stop 3 in the scales for both libidinal and aggressive manifestations represents the highest drive strength and stop -3 represents the lowest. Stop 0 would be considered average. This ordering stands in contrast to the ego scales in which stop 1 is low, 6 is average and 7 is optimal. Influences about drive strength are made using behavioral and ideational reactions as criteria. The extent to which libidinal and aggressive drives are sublimated and neutralized must also be evaluated. A 4-point scale is provided for this rating, with one reflecting minimal libidinal or aggressive sublimation-neutralization.

Client ______________________

Rater ______________________

Date ______________________

ID SCALE (Drive Strength)

Strength of:	+3	+2	+1	0	−1	−2	−3
Libidinal Drive							
Aggressive Drive							

Basis for ratings:

Libidinal Drive:

Char ☐
Cur ☐

Aggressive Drive: 1

Char ☐
Cur ☐

Extent to which you judge Libidinal and Aggressive Drives to be sublimated and/or neutralized.

	Negligible	Somewhat Low	Moderate	Well Neutralized
Libidinal	1	2	3	4

Basis for ratings:

Aggressive	1	2	3	4

Basis for ratings:

APPENDIX C

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Name ______________________________

Interviewer ________________________

Date ______________________________

EMPLOYMENT HISTORY

Have you ever worked?

If yes, complete the following:

DATES	TYPE OF WORK	LENGTH OF TIME WORKED (IN MONTHS)	FULL-TIME OR PART-TIME

Comments (e.g., spot jobs, etc.): ______________________________

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Name ______________________________

Have you worked in the past six months?

If yes, complete the following:

Month						
Number of Weeks Worked						
Type of Work						
Full-time or Part-time						
Comments on Satisfaction						